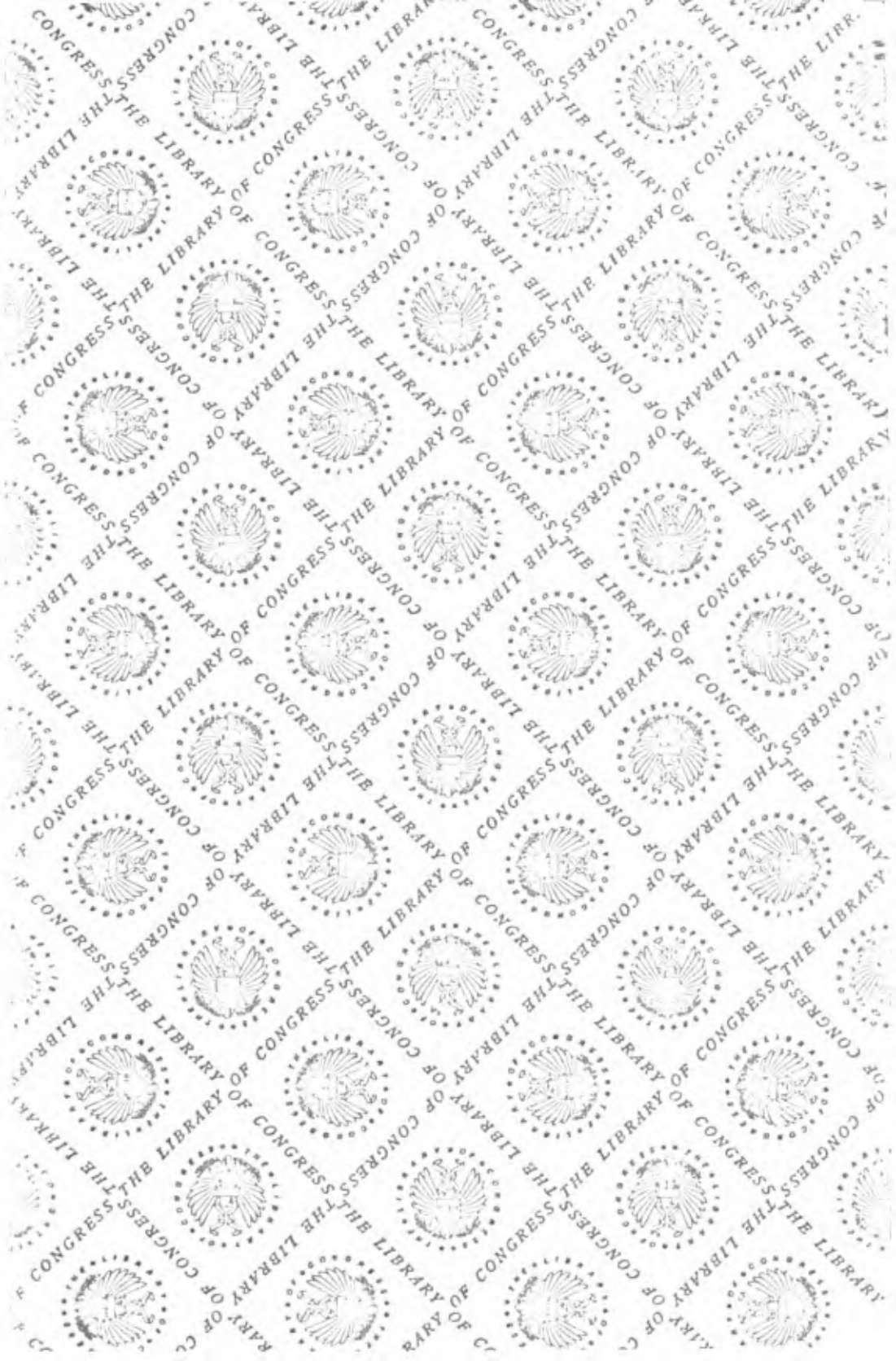


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**PAYMENTS TO INDIVIDUALS SUFFERING FROM  
EFFECTS OF ATOMIC BOMB EXPLOSIONS**

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**HEARINGS**

BEFORE THE

**SUBCOMMITTEE ON ADMINISTRATIVE LAW  
AND GOVERNMENTAL RELATIONS**

OF THE

**COMMITTEE ON THE JUDICIARY**

**HOUSE OF REPRESENTATIVES**

**NINETY-FIFTH CONGRESS**

**SECOND SESSION**

**ON**

**H.R. 8440**

**TO PROVIDE PAYMENT BY THE UNITED STATES FOR CERTAIN  
MEDICAL SERVICES AND TREATMENT PROVIDED TO INDIVID-  
UALS SUFFERING FROM PHYSICAL INJURIES ATTRIBUTABLE  
TO ATOMIC BOMB EXPLOSIONS ON HIROSHIMA AND NAGA-  
SAKI, JAPAN, IN AUGUST 1945**

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**MARCH 31 AND JUNE 8, 1978**

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**Serial No. 43**

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## PAYMENTS TO INDIVIDUALS SUFFERING FROM EFFECTS OF ATOMIC BOMB EXPLOSIONS

FRIDAY, MARCH 31, 1978

U.S. HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON ADMINISTRATIVE LAW  
AND GOVERNMENTAL RELATIONS  
OF THE COMMITTEE ON THE JUDICIARY,  
*Los Angeles, Calif.*

The subcommittee met, pursuant to notice, at 10:08 a.m., in Los Angeles County Board of Supervisors hearing room, 500 North Temple Street, Los Angeles, Calif., Hon. George E. Danielson (chairman of the subcommittee) presiding.

Present: Representatives Danielson, Mineta, Roybal.

Also present: William P. Shattuck, counsel; Sue Beavers, staff assistant.

Mr. DANIELSON. The hour of 10 o'clock having arrived, along with our good friend, Congressman Roybal, the subcommittee will come to order.

First of all, I would like to express my appreciation to the board of supervisors of the county of Los Angeles for making these excellent facilities available to us for holding this hearing. I would like to point out that each and every member of the board has been totally cooperative in helping make preparations, and also supplying us with the needed staff assistance.

We are met here today, a subcommittee of the House of Representatives Judiciary Committee, for the purpose of considering the bill, H.R. 5150, and other bills of similar import, the purpose of which is to determine whether the U.S. Government should, in the future, assume the obligation of paying for the medical and related care of survivors of the two atomic bomb blasts in Nagasaki and Hiroshima, Japan, which took place in the late summer of 1945.

[Copies of H.R. 8440, H.R. 10502, H.R. 10283, H.R. 8893, H.R. 1994, and H.R. 5150 follow:]

95TH CONGRESS  
1ST SESSION

# H. R. 10283

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 8, 1977

Mr. ROYBAL (for himself and Mr. PATTISON of New York) introduced the following bill; which was referred to the Committee on the Judiciary

## A BILL

To provide for payment by the United States for certain medical services and treatment provided to United States citizens and permanent residents suffering from physical injuries attributable to the atomic bomb explosions on Hiroshima and Nagasaki, Japan, in August 1945.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 CERTIFICATE OF ELIGIBILITY; FEDERAL ASSISTANCE

4 SECTION 1. (a) The Secretary of Health, Education,  
5 and Welfare (hereinafter in this Act referred to as the  
6 "Secretary"), upon the application of any individual—

7 (1) who is a citizen of the United States or has  
8 been admitted to the United States for permanent  
9 residence; and

1 (1) who is a citizen of the United States or has  
2 been admitted to the United States for permanent  
3 residence; and

4 (2) who, in the determination of the Secretary,  
5 has suffered a physical illness or injury which is directly  
6 attributable to—

7 (A) the explosion of the atomic bombs dropped  
8 by the United States on Hiroshima and Nagasaki,  
9 Japan, in August 1945, or

10 (B) the radioactive fallout from such explosion,  
11 shall certify such individual as eligible for assistance under  
12 this Act.

13 (b) Whenever the Secretary certifies that an individual  
14 is eligible under this Act, the United States shall, in accord-  
15 ance with the provisions of section 2, assume any obligation  
16 of such individual to pay reasonable charges for medical  
17 services and treatment for any physical illness or injury  
18 referred to in subsection (a) (2).

19 PAYMENT TO PHYSICIANS AND MEDICAL FACILITIES

20 SEC. 2. Upon the application of any physician or medi-  
21 cal facility providing medical services or treatment to any  
22 individual certified as eligible under this Act for any physical  
23 injury referred to in section 1 (a) (2), the Secretary shall  
24 pay to such physician or medical facility that portion of the

## REGULATIONS

1  
2 SEC. 3. The Secretary shall establish by regulations  
3 appropriate procedures for—

4 (1) application for certification under section 1 (a) :

5 and

6 (2) application for payment for medical services  
7 or treatment under section 2.

## 8 APPLICATION OF PROVISIONS OF ACT

9 SEC. 4. (a) The provisions of this Act shall apply  
10 only with respect to medical services or treatment provided  
11 in the United States on or after the date of the enactment  
12 of this Act.

13 (b) As used in this section, the term "United States"  
14 means the several States, the District of Columbia, Puerto  
15 Rico, the Virgin Islands, Guam, American Samoa, and the  
16 Trust Territory of the Pacific Islands.

95TH CONGRESS  
1ST SESSION

# H. R. 5150

## IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 1977

Mr. ROYBAL (for himself and Mr. MINETA) introduced the following bill;  
which was referred to the Committee on the Judiciary

## A BILL

To provide for payment by the United States for certain medical services and treatment provided to United States citizens and permanent residents suffering from physical injuries attributable to the atomic bomb explosions on Hiroshima and Nagasaki, Japan, in August 1945.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 CERTIFICATE OF ELIGIBILITY; FEDERAL ASSISTANCE

4 SECTION 1. (a) The Secretary of Health, Education,  
5 and Welfare (hereinafter in this Act referred to as the  
6 "Secretary"), upon the application of any individual—

7 (1) who is a citizen of the United States or has  
8 been admitted to the United States for permanent  
9 residence; and



1           (2) who, in the determination of the Secretary,  
2       has suffered a physical illness or injury which is directly  
3       attributable to—

4           (A) the explosion of the atomic bombs dropped  
5       by the United States on Hiroshima and Nagasaki,  
6       Japan, in August 1945, or

7           (B) the radioactive fallout from such explosion,  
8       shall certify such individual as eligible for assistance under  
9       this Act.

10       (b) Whenever the Secretary certifies that an individual  
11       is eligible under this Act, the United States shall, in accord-  
12       ance with the provisions of section 2, assume any obligation  
13       of such individual to pay reasonable charges for medical  
14       services and treatment for any physical illness or injury  
15       referred to in subsection (a) (2)

16       PAYMENT TO PHYSICIANS AND MEDICAL FACILITIES

17       SEC. 2. Upon the application of any physician or medi-  
18       cal facility providing medical services or treatment to any  
19       individual certified as eligible under this Act for any physical  
20       injury referred to in section 1 (a) (2), the Secretary shall  
21       pay to such physician or medical facility that portion of the  
22       charge for such services or treatment which is not paid by  
23       insurance or any other form of compensation or award.

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Mr. DANIELSON. My colleague on my left, Congressman Ed Roybal, of California, introduced the first bill, right at the beginning of the 95th Congress.

A number of other Members of Congress felt that the bill has very substantial merit, and at this date some half dozen similar bills have been introduced by 25 to 30 Members of Congress. Their names will appear in the record of these proceedings.

From the beginning, our Congressman Norman Mineta, of San Jose, joined with Mr. Roybal and has been one of the prime instigators to move along this bill, have hearings, and to see what can be done about the problem.

The general purposes of the bill are these: We all know that in August of 1945 there were atomic bombs dropped over Nagasaki and Hiroshima in Japan. One thing that many of us do not know in the United States is that there were many American citizens present there at the time, who suffered radiation exposure and bomb blast exposure, and who have had various degrees of illness since that time.

The bill H.R. 8440 has provisions which are representative of the bills pending before us today. This bill authorizes the Secretary of Health, Education, and Welfare to make payments for certain medical services to U.S. citizens or permanent residents of the United States who have suffered physical illness or injury directly attributable to atomic bomb explosions at Hiroshima and Nagasaki, Japan.

Under the provisions of this bill, the Secretary of HEW would be authorized to pay medical payments for U.S. residents who were victims of the atomic bomb explosions at Hiroshima and Nagasaki, Japan, in August 1945.

The only persons eligible for such payments under the bill are citizens of, or permanent residents of, the United States who have suffered physical illness or injury directly attributable to said explosions. The Secretary of HEW is directed, upon application, to determine whether the application is eligible under the bill passed on the above-mentioned criteria.

If the Secretary of HEW certifies an applicant for payment pursuant to this bill, then the Government would assume any obligation that the applicant has for medical treatment for physical injury or illness from the stated explosions. Further, the Secretary of HEW, upon application of any physician or medical facility who has provided medical services for injuries or illnesses as specified above to any person certified as eligible under this bill, shall pay to the applying physician or facility that amount which is not paid by insurance or any form of compensation for such treatment.

The payments under the bill shall be paid only for medical services or treatment provided in the United States.

We understand that there are probably 800 to 1,000 such persons present here in the United States. We don't know the exact number. We understand that approximately 150 of them still require regular, continuous medical and related treatment. We don't know exactly how many.

We do know that a very large percentage of these people do live in California, and particularly in southern California, but again, we do not know how many. We don't know where they are. We haven't identified them.

Now, through the help of Dr. Tom Noguchi, the Los Angeles County pathologist, who is with us here today, and who has helped tremendously in putting together this hearing, and with the help of various other community groups, we are gradually accumulating enough information so that we are beginning to have an inkling of the size and type of a problem that we face.

Well, what would be the purpose of the bill? The idea of the bill is to provide that for U.S. citizens and permanent residents who are suffering from radiation sickness of one type or another, resulting from those two bomb blasts, that the U.S. Government would, in the future, for future incurred expenses, pick up the cost of paying for that type of treatment.

The portion of the cost that would be paid would be that in excess of any cost covered by insurance or other sources. We do not know the magnitude of the exposure which the Government to the people of the United States would receive if this bill were passed. We are going to try to find it.

There is one other tremendously important aspect of the bill, from the scientific point of view. The medical associations, doctors throughout the country, tell us that as of today, there really is no one central bank of information on how radiation sickness affects people, how it should be treated, where, when, and so forth; and if this bill did become law, it might make it possible to accumulate such a bank of information which could be held in reserve against the day that conceivably it might be needed again.

Hopefully, we never will, but against the possibility it should be necessary someday to know something about radiation sickness, we should start to accumulate that information.

Those are the general purposes of the bill, and I want at this time to yield to the primary author of the bill, Congressman Ed Roybal, of California, for whatever comments you would like to make, Ed.

Mr. ROYBAL. Well, thank you, Mr. Chairman. My comments will, of course, be brief, but I would like to take this opportunity to thank the chairman of the committee, Congressman George Danielson, for holding the hearing here in Los Angeles.

As you know, I have had, and have carried this bill now for 6 years, and for 6 years we have been struggling, trying to get a committee to come to Los Angeles to hear testimony with regard to this legislation.

I am most grateful to Congressman Danielson for making that possible. I am sure that those who will testify today will give us ample information, enough information that will make it possible for George Danielson, as chairman of this committee, to make recommendations to the Congress of the United States that will make possible the passage of this legislation which, in my opinion, is long overdue.

I would like to say just one other word, Mr. Chairman, and that is that I would like to welcome you to my district also.

Mr. DANIELSON. Thank you. I did ask permission to enter your district, and you kindly granted it. Thank you very much. I would like to now yield to Congressman Norman Mineta of San Jose.

#### TESTIMONY OF HON. NORMAN MINETA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. MINETA. Mr. Chairman, thank you very much for giving me this opportunity to participate with you in these hearings. I want to

thank you for your leadership in having these hearings here in Los Angeles so that it might be to the advantage of those who have been impacted by the atomic bomb in Hiroshima and Nagasaki to be able to testify and express their feelings on this issue.

I also would like to thank Mr. Roybal who, as he mentioned, for 6 long years has had a bill before the Congress on this subject matter, and both of you are providing great leadership to the Members of the Congress on this issue, and would like to thank both of you on behalf of those who are the sufferers of this human tragedy, and I would like to thank you very much, Mr. Chairman.

Mr. DANIELSON. Thank you very much, Norm. I will make one more announcement, and then call the first witness. Dr. Noguchi, as I pointed out before, has been extremely helpful in putting together the substance of this entire hearing, arranging for witnesses and the like, and he has told me that he would appreciate it—and I know that no one will quarrel with this—if we could move along kind of quickly and try to have the program covered by noon.

That is quite an order, but we are going to cooperate with you.

I am going to call as our first witness, Dr. Thomas T. Noguchi, the Los Angeles County pathologist, and without more, Dr. Noguchi, the floor is yours.

Mr. MINETA. Mr. Chairman, may I ask a unanimous consent that my statement be made a part of the record at this point?

Mr. DANIELSON. The statements of all of us will be a part of the record at this point, without objection.

[The prepared statement of Hon. Norman Y. Mineta follows:]

STATEMENT OF HON. NORMAN Y. MINETA, A REPRESENTATIVE IN CONGRESS FROM  
THE STATE OF CALIFORNIA

Mr. Chairman, I appreciate having the opportunity to testify before you today about an issue I feel basically to be one of fairness. We are all aware of the devastating number of lives taken by the U.S. atomic Bombings of Hiroshima and Nagasaki, Japan, during World War II. What tends to be overlooked, however, is the fact that some of those who were injured in the bomb explosions or the radioactive fallout live in the United States,—either U.S. citizens who were trapped in Japan at the time of the bombings or persons who are now legal immigrants or naturalized citizens in this country. I believe it is time to recognize the impact of the bombings on the lives of these survivors, and to provide them with limited medical coverage.

The purpose of H.R. 5150 is to address the human impact of the bombings. When the orders to drop the fateful atomic bomb on the unsuspecting cities of Hiroshima and Nagasaki were officially issued by President Truman in 1945, there was little the victims of the decimating blasts could do. Scattered throughout the confines of the two cities were victims who were American citizens, including Americans of Japanese ancestry. Today those survivors find themselves amidst a sorry, yet unconcerned, U.S. populace.

Kanji Kuramoto, president of the Committee on Atomic Bomb Survivors, was 200 miles from Hiroshima on August 6, 1945. He hurried back to find his father, but never did. A friend who had seen his father the day of the holocaust helped him to dig through the rubble. Two days later, the friend went blind. Like many survivors, Mr. Kuramoto is diabetic.

Mary Yano was sitting on a Hiroshima streetcar when the atomic bomb was dropped. The fan that was cooling the 21 year old woman that hot summer morning was incinerated by the blast's heat, but she suffered no immediate injury. Judy Ensekl, 23, was gathering vegetables two miles from the core of the blast. She suffered ear and nose burns.

Kazue Suycishi was standing outside her house. When the bomb went off she threw herself to the ground, injuring her back.

They were not the only survivors of the explosive birth of the nuclear age. But they were different from most of the other people in Hiroshima that day. They were U.S. citizens.

While none was seriously injured by the blast itself, all suffered one ailment or another associated with its aftermath—emotional problems, anemia, leukemia and diabetes. Had they stayed in Japan they would have been eligible for the free medical care and pensions the Japanese government provides to nationals who survived. But they returned to the United States, which has never taken responsibility for its own survivors.

After the termination of World War II, based on the Science and Medical Survey Team's Recommendation, the National Academy of Sciences' National Research Council organized the Atomic Bomb Casualty Commission to commence scientific research activities in both Hiroshima and Nagasaki. Our government has spent more than \$80 million for this effort (which was renamed the Radiation Effects Research Foundation in 1975). The Foundation has been carrying out health examinations of atomic bomb survivors in Japan, but not for victims in the United States who are American citizens.

The survivors in Japan are provided free medical checkups, treatment, and disability payments by the Ministry of Health and Welfare. About 365,000 survivors are recipients of these benefits. This aid is not for American survivors—even those who, relocating to this country after the war, became naturalized U.S. citizens. The survivors living in the U.S. have been ignored by both governments.

After appeals for aid began to surface, the Atomic Energy Commission requested the Oak Ridge National Laboratory to seek out the American survivors. The 1976 report of the Oak Ridge National Laboratory documents the existence of atomic bomb survivors in the U.S. and related the varying degrees of exposure suffered by these victims. Those who received high doses of exposure to radiation, such as 490 to 510 rads, have a real need to receive treatment by medical experts.

Because of the stigma attached to their condition, many American victims have been unwilling to declare themselves. Many have employment problems, have difficulty in obtaining health or life insurance, are unable to marry, face a shortened life expectancy, or have to deal with genetic damage which varies with the amount of radiation received. Survivors suffer combinations of diseases including leukemia, cancer, diabetes, genetic disorders, and many other radiation-related diseases.

H.R. 5150 would provide medical coverage to these survivors limited in the following ways:

1. It would have to be shown that a beneficiary's illness or injury is directly attributable to the bomb explosion or radioactive fallout;
  2. The bill will apply only to U.S. citizens and lawful permanent residents; and
  3. Reimbursement would be available for medical service or treatment which is not paid by insurance or any other form of compensation award.
- Given these pre-requisites, it has been estimated that of the approximately 750 bomb survivors in the U.S., only about 130 would qualify for treatment under this bill.

The issue is not whether the bombs should have been dropped, or why they were dropped—the issue is whether the American government can assist a small number of American survivors living today.

The Charter of Health of the World Health Organization states that health is a human being's natural right. It says that physical, mental, and social fitness, not merely the absence of sickness, is man's natural right and that it is our duty to create such a condition.

The American survivors of the atomic bombs need, and deserve, our assistance.

Mr. DANIELSON. Dr. Noguchi.

### TESTIMONY OF THOMAS T. NOGUCHI, M.D., PATHOLOGIST, LOS ANGELES COUNTY

Dr. NOGUCHI. Honorable Danielson, Members of the Congress, in 1972, I was surprised to learn that there were a number of American survivors living in the United States, suffering from the after-effect of radiation received at the time of the bombings.

I therefore authored a resolution before the house of delegates of the California Medical Association. This resulted in further support,

including the Los Angeles County Board of Supervisors, and the author of this legislation, Congressman Ed Roybal.

In the same year, a medical evaluation clinic was held. Forty-four American survivors were screened by the medical staff at Los Angeles County Medical Center, and results submitted to Dr. Maki, of Hiroshima, who participated in this clinic.

Medical findings were significant, in that one out of three showed changes in the lung, by X-ray examination. These were followed up by our health department for study and action.

On February 27, 1973, the Atomic Energy Commission decided to embark on a scientific program of developing radiation exposure information. This was accomplished during 1974 and 1975.

Oak Ridge National Laboratories published the findings in January 1976 under the title, "A Survey of the Radiation Dosage Received by Atomic Bomb Survivors Residing in the United States of America."

Mr. DANIELSON. Dr. Noguchi, at that point, do you have a copy or copies of that report available for us?

Dr. NOGUCHI. Yes; I do have a copy. It will be submitted, and in fact, Dr. John Auxier is with us from Oak Ridge National Laboratories, and he will be submitting that, his document.

Mr. DANIELSON. It would be the same document, would it?

Dr. NOGUCHI. Yes.

Mr. DANIELSON. All right, thank you.

Dr. NOGUCHI. And Energy Research and Development Administration, Washington, was also a cooperating agency.

In March 1977, the Los Angeles County Medical Association and the Japanese-American Medical Association cooperated with a team of Japanese medical specialists from the Hiroshima Prefectural Medical Association and the Radiation Effects Research Foundation, Hiroshima.

About 30 survivors were subjected to a comprehensive health consultation and screening, by surveys, questionnaires, medical and laboratory examination at the City View Hospital in Los Angeles.

The medical aspects will be reported in testimony by Dr. Mitsuo Inouye, M.D., the president of the Japanese-American Medical Association; the psychological aspects by Joe Yamamoto, M.D., professor of psychiatry, UCLA; and the socioeconomic aspects by Dr. Mamoru Iga, professor of sociology, California State University at Northridge. Dr. John Crowther also collaborated.

It has been a custom for many Japanese Americans, or Americans of Japanese ancestry, to send their children to grandparents and families in Japan, to further education. Others in the forties faced a difficult decision.

Had they stayed in America, they would have been placed in concentration camps. In any case, for a variety of reasons, these Americans were in Japan when the bombing occurred. Many returned to America at the close of the war.

In 1947, in Hiroshima, the Atomic Bomb Casualty Commission, now known as the Radiation Effects Research Foundation, was established as a cooperative Japan-United States research organization.

Major medical surveys, studies, and research were immediately begun; and today, more than 30 years later, studies of the delayed medical effects of radiation continue, because it is believed that this informa-



tion is not only of immense value for the survivors and their offspring, but because it is essential for the future well-being of all who may be exposed to radiation. Their plan is to continue the studies.

The ABCC technical report series was established, and now includes well over 400 reports of a scientific and of a practical interest and importance to physicians, clinicians, pathologists, radiologists, geneticists, et cetera.

The Radiation Effects Research Foundation, formerly known as ABCC, was established in April 1975 and is supported equally by the Government of Japan through the Ministry of Health and Welfare, and the Government of the United States, through the National Academy of Sciences. They will continue the long-range programs of the ABCC.

Additionally, recognizing the great need, the Japanese Government, in 1957, passed the atomic bomb survivors medical treatment law. Each year this act has been amended and periodically revised as requirements have changed.

Its purpose continues to be the preservation and improvement of the health of the survivors, through a program of medical examinations and treatment of their special needs. It is administered by the National Government.

The American survivors have long recognized the excellence of the health care received by their Japanese counterparts. In the more than 30 years which have passed, these Americans have become increasingly apprehensive and concerned, because they have not had the benefit of the studies, research, and surveillance programs in effect in Japan.

They have known of the benefits to their counterparts from systematic programmed medical evaluation, counseling services to aid in solving mental and social problems, and that many Japanese physicians had devoted their careers to the treatment of A-bomb victims.

As the American survivors reach their middle years, certain symptoms begin to appear, and with a vivid recollection of the terrible injuries, deaths, and aftereffects of the bombings, they cannot help but interpret their symptoms, vague or otherwise, to their experiences. Any symptom, to a survivor, is possibly a sign of death.

Why have the American survivors not made a fuss until recently? Reluctance to speak up was the fact. These Americans of Japanese ancestry had lived in such a manner to give proof of their loyalty to America, and any remembrance of the war was best forgotten.

They preferred to suffer, but after many years, clinical symptoms appear, and in bringing these to the attention of family, friends, and doctors, they come to be viewed as chronic complainers. Many have lost communication even within the family circle.

The physician has done his best, but without the specialized information concerning radiation dosage, and previous care, may give differing opinions which, of course, add to the confusion and frustration of the patient.

The American survivor is not always ill, but the great majority have, over the years, developed severe apprehensions, and a lack of confidence in the kind of medical care and physician response they have received to their unique problems. They need precise assurance as to whether they should or should not be concerned with the vague symptoms encountered.

Many physicians who have not had precise information concerning the health and emotional factors involved have not been in a position to transmit or instill confidence in the patient.

Other problems have stilled their voices. If they openly admit to being a survivor, insurance companies have been known to cancel health coverage, or amend policies to exclude any resultant health problems due to atomic bombings. Many, too, are still apprehensive that children and grandchildren may suffer medical problems or deformities.

The present legislation, as is proposed, will accomplish a number of things. It will make possible the establishment of the systematized periodic health evaluations in clinics in major cities, probably in association with the community-oriented hospital under the direction of Health, Education, and Welfare.

Those who choose to continue with private care will do so, but those who require extensive medical and surgical treatment will have an opportunity to get it. The establishment of medical centers in Los Angeles and in San Francisco could treat those who require continuous care.

In reality, the systematized program which was established by the ABCC is an excellent one, and should provide valuable information to the local programs. They are invited, that is, the ABCC were invited, and are continuing the study of the problems of American survivors.

Additionally, the establishment of a central registry for information, similar to that in Japan, is of utmost importance. It will aid all physicians in determining the relationship between the amount of radiation received and the predictability of certain disorders, such as cancer, leukemia, and genetic abnormalities.

It is also an excellent guide to determine the treatment given. Many survivors who were a considerable distance from the hypocenter may be told that they need not be concerned, thereby effectively reducing anxiety and uncertainty. All this would be possible if the history and general research information is readily available to all the physicians.

It is an appeal—it is my appeal—to Congress on behalf of Americans. We are not talking about health care for Japanese or for foreign subjects. We are talking about Americans, the quiet Americans who have suffered for many years, of conditions directly attributable to atomic bombings.

I do not need to belabor this. The logic is very clear. It is the only purely humanitarian standpoint. This bill deserves an aye vote, to pass the subcommittee to the House, hopefully to be signed by the President of the United States.

[The prepared statement of Dr. Thomas Noguchi follows:]

#### STATEMENT OF THOMAS T. NOGUCHI, M.D.

Honorable Danielson, ladies and gentlemen: In 1972 I was surprised to learn that there were a number of American survivors living in the United States suffering the after effects of radiation received at the time of the bombings in Hiroshima and Nagasaki. I authored a Resolution regarding the plight of the American Survivors which was passed by the House of Delegates of the California Medical Association. This resulted in further support including the Los Angeles County Board of Supervisors and the author of this legislation, Congressman Ed Roybal.

In the same year a medical evaluation clinic was held. Forty-four American survivors were screened by the medical staff at the Los Angeles County Medical Center and the results submitted to Hiroshi Maki, M.D. of Hiroshima, who participated in the clinic, for further evaluation. The medical findings were significant, in that one out of three showed changes in lung by x-ray examination. These were followed up by our Health Department for study and action.

On February 27, 1973, the Atomic Energy Commission decided to embark on a scientific program of developing radiation exposure information. This was accomplished during 1974 and 1975. Oak Ridge National Laboratories published the findings in January, 1976, under the title, "A Survey of Radiation Doses Received by Atomic Bomb Survivors Residing in the United States," co-authored by representatives of Oak Ridge National Laboratories, the Radiation Effects Research Foundation, Hiroshima, and the Energy Research and Development Administration (ERDA), Washington. Dr. John Auxier, Director of the Health Physics Division of Oak Ridge National Laboratories will testify today concerning their findings.

In March 1977 the Los Angeles County Medical Association and the Japanese American Medical Association cooperated with a team of Japanese Medical specialists from the Hiroshima Prefectural Medical Association and the Radiation Effects Research Foundation, Hiroshima. About 30 survivors were subjected to a comprehensive health consultation and screening by surveys, questionnaires, medical and laboratory examination at City View Hospital in Los Angeles. The medical aspects will be reported in testimony by Mitsuo Inonye, M.D., President of the Japanese American Medical Association; the psychological aspects by Joe Yamamoto, M.D., Professor of Psychiatry, U.C.L.A.; and the socio-economic aspects by Mamoru Iga, Ph.D., Professor of Sociology, California State University at Northridge.

It had been the custom for many Americans of Japanese ancestry to send their children to grandparents and families in Japan to further education; others in the 1940's faced a difficult decision. Had they stayed in America they would have been placed in concentration camps. In any case, for a variety of reasons, these Americans were in Japan when the bombings occurred. Many returned to America at the close of the war.

In 1947, in Hiroshima, the Atomic Bomb Casualty Commission, now known as the Radiation Effects Research Foundation was established as a cooperative Japan-United States research organization.

Major medical surveys, studies and research were immediately begun, and today, more than 30 years later, studies of the delayed medical effects of radiation continue because it is believed that this information is not only of immense value for the survivors and their offspring, but because it is essential for the future well being of all who may be exposed to radiation. Their plan is to continue the studies.

The A.B.C.C. Technical Report series was established and now includes well over 400 reports of scientific and practical interest and importance to clinicians, pathologists, radiologists, geneticists, etc. The Radiation Effects Research Foundation, formerly A.B.C.C., was established in April, 1975, and is supported equally by the Government of Japan through the Ministry of Health and Welfare, and the Government of the United States through the National Academy of Sciences. They will continue the long range programs of the A.B.C.C.

Additionally, recognizing the great need, the Japanese Government in 1957 passed the Atomic Bomb Survivors Medical Treatment Law. Each year this Act has been amended and periodically revised as requirements have changed. Its purpose continues to be the preservation and improvement of the health of the survivors through a program of medical examinations and treatment of their special needs. It is administered by the national government.

The American survivors have long recognized the excellence of the health care received by their Japanese counterparts. In the more than thirty years which have passed, these Americans have become increasingly apprehensive and concerned because they have not had the benefit of the studies, research and surveillance programs in effect in Japan. They have known of the benefits to their counterparts from systematic, programmed medical evaluation, counselling services to aid in solving mental and social problems, and that many Japanese physicians had devoted their careers to the treatment of A-bomb victims. As the American survivor reaches the middle years, certain symptoms begin to appear, and with vivid recollection of the terrible injuries, deaths and after effects of the bombings, they

cannot help but interpret their symptoms, vague or otherwise, to their experiences. Any symptom to a survivor is, possibly, a sign of death.

Why have the American Survivors not made a "fuss" until recently? Reluctance to speak up was the fact that these Americans of Japanese ancestry had lived in such manner to give proof of their loyalty to America, and any remembrance of the war was best forgotten. They preferred to suffer. But after many years, clinical symptoms appear, and in bringing these to the attention of family, friends and doctors, they come to be viewed as chronic complainers. Many have lost communication even within the family circle.

The physician has done his best, but without the specialized information concerning radiation dosage and previous care, may give differing opinions which, of course, add to the confusion and frustration of the patient.

The American survivor is not always ill, but the great majority have, over the years, developed severe apprehensions, and a lack of confidence in the kind of medical care and physician response they have received to their unique problems. They need precise assurance as to whether they should or should not be concerned with the vague symptoms encountered. Many physicians who have not had precise information concerning the health and emotional factors involved have not been in a position to transmit or instill confidence in the patient.

Other problems have stilled their voices. If they openly admit to being a survivor, insurance companies have been known to cancel health coverage or amend policies to exclude any resultant health problems due to the atomic bombings. Many, too, are still apprehensive that children and grandchildren may suffer medical problems or deformities.

The present legislation will accomplish a number of things. It will make possible the establishment of systematized, periodic health evaluations in clinics in major cities, probably in association with the community-oriented hospital under the direction of Health, Education and Welfare. Those who choose to continue with private care will do so. But those who require extensive medical and surgical treatment will have an opportunity to get it.

The establishment of medical centers in Los Angeles and San Francisco could treat those who require continuous care.

In reality, the systematized program which was established by the A.B.C.C. is an excellent one, and should provide valuable information to a local program. They were invited, and are continuing, the study of the problems of the American Survivors.

Additionally, the establishment of a central registry for information; similar to that in Japan, is of utmost importance. It would aid all physicians in determining the relationship between the amount of radiation received and the predictability of certain disorders such as cancer, leukemia and genetic abnormalities. It is also an excellent guide to determine the treatment given. Many survivors who were a considerable distance from the hypocenter may be told that they need not be concerned, thereby effectively reducing anxiety and uncertainty. All this would be possible if the history and general research information is readily available to all physicians.

This is an appeal to Congress on behalf of Americans. We are not talking about health care for Japanese or for foreign subjects. We are talking about health care for Americans—the quiet Americans who suffer from the physical and emotional problems directly attributable to the atomic bombings.

For these reasons, I support H.R. 10502.

Mr. DANIELSON. Thank you, Dr. Noguchi. The Chair will recognize the gentleman from California, Mr. Roybal. Mr. Roybal, may I ask first. I note that we are honored this morning to have with us our distinguished lieutenant governor, Mervyn Dymally, and I have been informed that he does have another appointment somewhere this morning, and I wonder, could we yield and recognize Merv at this time?

There being no objection, Lieutenant Governor Dymally, Merv to me, you are recognized. And Dr. Noguchi, we will want to ask you a few questions a little later.

Mr. DYMALLY. Thank you very much.

## TESTIMONY OF MERVYN M. DYMALLY, LIEUTENANT GOVERNOR, STATE OF CALIFORNIA

Mr. DYMALLY. It is good to see you here discussing this very important subject, Congressman Roybal, Congressman Mineta. Let me just give you a brief background how I got involved in this.

In 1974, I was the guest at a reception given in my honor by Dr. Noguchi at his home. He resided in my old senate district, and became acquainted with some of the victims of atomic radiation. At the time, I chaired the subcommittee on health, education, and medical needs, and we held a hearing, a copy of which transcript I shall submit to your subcommittee for the record.

The basic problem, as we saw it, was that these victims are hard-working people who are not eligible for MediCal or medicaid. As a result of being good, hard-working citizens, they are deprived of adequate health care.

My successor, Senator Green, introduced legislation to create an institute at the University of California in the treatment of nuclear radiation, but that bill was not successful, so I am very pleased that you have taken it up.

I have a very short written statement. It is in the form of a letter I want to read to you, and then I will conclude, Mr. Chairman.

Mr. DANIELSON. Proceed.

Mr. DYMALLY [reading].

To the Lieutenant Governor: Spring has come to our valley and our garden is in beautiful bloom. With this spring beauty, it calms our heart.

I assume, Lieutenant Governor, that you must be very busy in your work every day. Last year you had helped us in many ways, and we want to thank you for your hard work.

Please excuse my writing to you so suddenly. At this time, I am representing a group who are survivors by result of the Hiroshima atomic bomb. We have formed an organization of people in America as survivors from nuclear radiation.

Lieutenant Governor, we know that you are very busy, and we hate to ask your help to make things even busier for you. We are a group suffering after an atomic bomb in Hiroshima, and we are pleading for your help because we need treatment.

There was Mayor Yamada of Hiroshima who was very much concerned with our group, but he passed away recently, and we mourn his death. Someday, somehow, by research and treatment, things will be better for those of us who suffer so much from nuclear radiation. Please help us.

At our monthly meeting, the children of the atomic bomb survivors also attend. They all remember how much their parents suffered so long. President Arai, Vice President Mrs. Sueishi, from Japan, also help our organization with all their power, for which we are very thankful. When they help us, we feel even sorrier for them, since they are barely surviving themselves.

Dr. Noguchi helped us first form a group among America's people. We asked Japan and the American people to help us, and we thank them for their effort.

Someday we hope there will be a treatment available to cure our suffering from nuclear radiation completely, without all the suffering.

I am a person suffering from atomic bomb, and have been ill at all times, morning and at night, at times almost unconscious because of so much pain, but my husband and children ease my suffering with their kindness, understanding, and love.

Our race and language may be different, but our warm feeling will not change. I pray and pray and tears flow down my cheek when I think of all our group are still suffering all these years without any cure.

I always look forward to world peace so human beings will not have to suffer atomic bombing again. I plead of you to do something for our group.

Wish you good health, hard work, and participation in many activities.

Chiyoeko Teragouchi.

Mr. Chairman, this was in my judgment probably the most eloquent letter I have received in the years I have been in politics, and I present it to you for the record.

Mr. DANIELSON. Thank you, it is received in the record, and Governor, I know you sent me a copy of that quite some time ago—

Mr. DYMALLY. Yes.

Mr. DANIELSON [continuing]. And I was equally very much impressed. The greatest eloquence is that which comes from the heart.

[The prepared statement of Lt. Gov. Mervyn M. Dymally follows:]

STATE OF CALIFORNIA,  
OFFICE OF THE LIEUTENANT GOVERNOR,  
Sacramento, Calif., February 16, 1978.

Hon. GEORGE E. DANIELSON,  
Chairman, Judiciary Subcommittee on Administrative Law and Governmental  
Relations, Cannon House Office Building, Washington, D.C.

DEAR GEORGE: In my last year as a Senator, I chaired the Subcommittee on Medical Education and Human Needs. One of our area of interest was the question of health and medical problems of U.S. survivors of the atomic bombing of Hiroshima and Nagasaki.

After my departure from the Senate, my successor, Senator Bill Greene, authored legislation to support the many who needed aid and assistance.

I understand that you have before your Subcommittee H.R. 5150 and H.R. 8440 and I hope you will give them your thorough support and an early hearing.

I am attaching a copy of a letter sent to me by one of the victims of the atomic bombings. I was so moved by this letter that I mailed copies to every member of the California Legislature and have, on many occasions, used it. It is the most touching and heartbreaking letter I have ever received and I hope you will find time to read it.

Sincerely,

MERVYN M. DYMALLY.

*To the California Lieutenant Governor:*

Spring has come to our valley and our garden is in beautiful bloom. With this spring beauty it calms our heart.

I assume, Lieutenant Governor, that you must be very busy in your work everyday. Last year you had helped us in many ways and we want to thank you for your hard work.

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I always look forward to world peace so human beings will not have to suffer atomic bombing again.

I plead of you to do something for our group.

Wish you good health, hard work and participation in many activities.

CHIYOKO TERAGOUCHI

(Originally written in Japanese and translated by Noboru Aoki.)

Mr. DANIELSON. If you have any comments of your own, Governor.

Mr. DYMALLY. No; that is all. I simply want to urge passage of Congressman Roybal's bill.

Mr. DANIELSON. Thank you very much. Congressman Roybal?

Mr. ROYBAL. I thank you, Lieutenant Governor, for your support of the bill. I know you have been active—quite active—in this endeavor for a long time, and I publicly thank you for your continued support.

Mr. DYMALLY. Thank you very much.

Mr. DANIELSON. Congressman Mineta?

Mr. MINETA. Thank you very much, Mr. Chairman. Again I want to thank Governor Dymally for his work, and leadership really, not only on this but other causes where human suffering is the object, and I want to thank you again, Merv.

Mr. DANIELSON. Thank you, Governor, and thanks for your participation; and good luck.

Mr. DYMALLY. Thank you.

Mr. DANIELSON. Dr. Noguchi, can we recall you, please? While you are taking the witness chair, I will again recognize the Congressman from California, Mr. Roybal.

Mr. ROYBAL. All right, now, Dr. Noguchi, as you know, we have had a great deal of trouble and gone through many problems in trying to get this bill heard. There are many who criticize the legislation, but I would like to draw with a parallel between what the Government of Japan is doing for its survivors and what the United States is not doing.

You have testified that the Japanese Government passed the atomic bomb survivors medical treatment law, and that its purpose is the preservation and the improvement of the health of the survivors, through a program of medical examination and treatment of their needs.

Has it been established how much the average cost per person is, in Japan at the present time?

Dr. NOGUCHI. Yes. Such data, I am sure, is available. However, it may not relate to us. Fallible in a sense, because our medical care system is considerably different.

May I offer our estimation of the cost might be applicable if the bill passes as it is, as written. We hope that perhaps \$250,000 budget allocation for the first year might be adequate to cover the initial establishment of this program.

Mr. ROYBAL. Well, Dr. Noguchi, I am concerned about the delivery system that has to be established to make available the service. I can well understand how the cost of a delivery system would be at its minimum here in Los Angeles County, or in southern California, but take, for example, States like Florida and Illinois and Michigan and Oregon, Pennsylvania. These States have one or two survivors. Now is it possible in those instances to use the HMO, for an example, or use the multipurpose centers, or to use existing facilities so that a trained expert would visit them instead of they having to come all the way to California? Is that the kind of program that you envision?



Dr. NOGUCHI. Yes, Congressman Ed Roybal, it is indeed. As long as it is a systematized program, a comprehensive program, administered by qualified American physicians, sharing exact information, including dosage, amount of radiation, then it is wise and most convenient for survivors, in my opinion, to be administered such health care in their own locality, under the program.

Mr. ROYBAL. All right, one more question, Dr. Noguchi, and that is that we have in Los Angeles County a health systems agency. It is in its infancy, but nevertheless it is a group of men and women representing a cross section of the community, that will make a final determination as to where and how the medical delivery systems are going to be established throughout the entire county. Do you see a place for this particular program within that system, or do you envision the system being the sole prerogative of general hospitals?

Dr. NOGUCHI. I think the initial program can be handled in community-oriented hospitals such as City View Hospital. I think a team of scientists gathered from the locality, with this distinct systematized program, should accomplish that.

Mr. ROYBAL. Well, Doctor, I wholeheartedly agree with you. I don't think that this program should be made something that is apart from anything else. This program should be made part of a community service, so that these people would be taken care of, the same as any other community person, without having to be singled out as the survivors of the atomic bombing.

I am glad that you testified to that effect. May I compliment you for the work that you have done up to now, and I know that we can count on you in the future. May I also say that you have said a little while ago that "if this bill passes," may I say that you amend that to say, "when this bill passes"? Thank you.

Dr. NOGUCHI. Thank you.

Mr. DANIELSON. Thank you, Mr. Roybal. The Chair will recognize the gentleman from California, Mr. Mineta.

Mr. MINETA. Thank you very much, Mr. Chairman. Dr. Noguchi, you have devoted a great deal of time in this effort, and your leadership is greatly appreciated. From your experience in dealing with the atomic bomb survivors, is there a predominance of women over men?

Dr. NOGUCHI. Yes, 85 percent of the survivors who were surveyed—pardon me—35 percent of the survivors were female.

Mr. MINETA. Now, with the predominance of women as far as survivors resident in this country, is the treatment or the kinds of illness that they suffer, different and more extensive than experienced by the men?

Dr. NOGUCHI. I have an impression. The survivors suffer a variety of problems, and always the need or the wish to seek medical attention. It seems that chronic complaints considerably overtone by frustrations and concern is a predominant factor, and it seems, based on our survey, that female survivors tend to have more problems.

Mr. MINETA. Can that be identified as to whether it is cancer or diabetes, or leukemia, or what it might be?

Dr. NOGUCHI. I think that some of the work was done by the Medical Evaluation Clinic, and I believe Dr. Inouye has precise information.

Mr. MINETA. What about in terms of not the physical illness, but in terms of mental or the psychological problems? Has that also been a subject of the survey?

Dr. NOGUCHI. Yes. Psychological aspects will be covered by a witness forthcoming. It seems the published data indicates that they do not seem to have distinct disease caused by the atomic bombing per se, but there is a greater incidence of a number of conditions which are related to atomic radiation, such as increased incidence of cancer, the radiation injury of a lung, and also blood-forming systems, such as bone marrow injuries, manifested by chronic fatigue and a low blood cell count, and so forth.

Mr. MINETA. Now, is that—that can be passed on to children?

Dr. NOGUCHI. Based on the scientific survey, some changes were noted in the children of mothers who were pregnant, in the first trimester, during atomic bomb radiation; they had shown changes of the size of the head. The head size was smaller. Also, children of a number of the survivors have continued to have genetic aberrations, genetic abnormalities, in the tissue cells drawn from the survivors, under certain culture stages, indicating the possibility exists. Research indicates that it is not significant; however, 1 in 1 million makes a survivor very apprehensive.

Mr. MINETA. There has been a great deal of reluctance on the part of some people to come forward, to say that they had been exposed to radiation as a result of the bomb. Do you think that with the passage of this bill that those people would come forward, rather than to continue to suffer silently as they have over these long period of years?

Dr. NOGUCHI. I am sure there are survivors who continue to withdraw in their own environment. However, based on studies in Japan, under the systematized health care programs, and the survivors themselves communicate concerning the good benefits derived, including certain counseling programs which are available. I am sure many will seek these benefits. And also, the stigma toward the atomic bomb survivors may be less and less.

Mr. MINETA. Fine. Thank you very, very much, Dr. Noguchi.

Mr. DANIELSON. Thank you, Mr. Mineta. Dr. Noguchi, I have examined the charts on the wall behind me, and just for the record, I want to be sure I understand what they mean.

Somewhere in the background material that I have been reading in preparation for this hearing, I have run into estimates that there are about 800, and sometimes 1,000 survivors here in the United States. The figure on the board behind me is 300. Can you tell me how it relates to the actualities, if you will, please?

Dr. NOGUCHI. I will be delighted. In 1974 and 1975, a group of scientists, organized by the National Oak Ridge Laboratory and the Japanese Government, conducted an actual survey of, and interviewed, 300 selected survivors from various States.

Mr. DANIELSON. Well, the 300, then, does not purport to be the total number within the boundaries of the United States.

Dr. NOGUCHI. That is correct, and note, if you will, this study excludes any statistical work in the State of Hawaii.

Mr. DANIELSON. All right, then, would this be a correct inference for me, that the 300 whom you have tabulated on the chart by geographi-

cal distribution does not purport to be the total number in the United States, but it is the 300 who were interviewed in the survey that was made?

Dr. NOGUCHI. Yes.

Mr. DANIELSON. Can you give me a guess as to how many total survivors there are in the United States who are citizens or permanent residents?

Dr. NOGUCHI. I would say over 750—approximately—that is, about 400 survivors in the State of California, 200 to 250 in the State of Hawaii; other States in the western coast, Oregon, Washington, et cetera, have perhaps 50 to 100, with some scattered in the Midwest and the Eastern coast States, totaling about 750.

Mr. DANIELSON. Well, then the original estimates that we have been working with, of somewhere around 800, but not to exceed 1,000, you feel are valid?

Dr. NOGUCHI. Yes.

Mr. DANIELSON. Among that group, how many, do you feel, are currently conscious of the need for treatment for radiation or blast damages?

Dr. NOGUCHI. This is only approximate, however, I would say those who require continuance of medical care would be about 10 percent, or 20 percent at the most. I would say that 100 to 200 persons might require immediate care.

Mr. DANIELSON. So the scope of the presently known medical treatment requirements would maybe involve around 175 to 200 people. Now, 33 years have gone by. Is it your opinion that there would still be any significant number, large number, who are not presently apparently needing any help, but in whom such need is latent, which would develop later on in life? I am talking about the remaining, let us say, 600 people.

Dr. NOGUCHI. Yes. As age progresses, there are a number of conditions still attributable to radiation, such as cancer; leukemia incidence is high among survivors, and also cancer in specific areas, such as thyroid gland and breast, are considerably higher among survivors.

Mr. DANIELSON. In other words, there are certain to be some latent problems which will surface as time goes by?

Dr. NOGUCHI. Yes.

Mr. DANIELSON. I thank you very much, Dr. Noguchi. We have leaned on you very heavily for information in this research, and we will ask you for some more help, and I have no fear that you will be providing it. Thank you very much for your help.

We are going to call our next witness out of order. He has some very strenuous commitments, but we welcome Dr. Samuel Horowitz, M.D., immediate past president of the Los Angeles County Medical Association. Would you please come forward, Dr. Horowitz, and give us the benefit of your information?

**TESTIMONY OF SAMUEL HOROWITZ, M.D., IMMEDIATE PAST PRESIDENT, LOS ANGELES COUNTY MEDICAL ASSOCIATION, LOS ANGELES, CALIF.**

Dr. HOROWITZ. Mr. Chairman, and members, I will be brief, as you have requested. I want to thank you very much for the opportunity to

appear before the subcommittee today. For the record, my name is Dr. Samuel Horowitz, and I am the immediate past president of the Los Angeles County Medical Association. I am appearing on behalf of the nearly 10,000 physician members of the Los Angeles County Medical Association.

Additionally, and I am particularly proud of this, both the California Medical Association and the American Medical Association have endorsed H.R. 5150 as introduced by Congressman Roybal.

I might add, Mr. Chairman, that I and other physicians for the Los Angeles County Medical Association have had several meetings with Japanese physicians and surgeons who are interested in both the humanitarian and scientific principles embodied in this legislation. All of us are grateful to Congressman Roybal for sponsoring the bill.

It is not my intention this morning to go into detail about this bill, since it is quite simple, and is designed to assist those relatively small numbers of certain U.S. survivors of the atomic bombings of Hiroshima and Nagasaki.

Essentially, the bill addresses the human impact of the bombings. It is drafted very carefully so that medical assistance and coverage would be limited to specific beneficiaries and to illness or injury directly attributable to the bomb explosions or radioactive fallout.

There is, however, one amendment I would respectfully suggest should be considered. That would be the addition of language to make available an annual physical for all those who would be covered by this bill. It is my view that such an amendment would have two highly beneficial results.

The first would obviously be of benefit to those who are covered, since annual physicals would help detect any possible complications that might be developing before the patient is actually aware of the condition.

Second, and perhaps equally important, is that information obtained from annual physicals could have immense potential good for the future. The research and scientific information obtained may be of benefit for others who might in some way be exposed to radiation in the future.

Mr. Chairman, that concludes my testimony. I and my colleagues throughout the United States and in Japan deeply appreciate the opportunity to appear before you. Thank you very much.

[The prepared statement of Dr. Samuel Horowitz follows:]

STATEMENT OF SAMUEL HOROWITZ, M.D., IMMEDIATE PAST PRESIDENT,  
LOS ANGELES COUNTY MEDICAL ASSOCIATION

Mr. Chairman, I want to thank you very much for the opportunity to appear before the subcommittee today. For the record, my name is Doctor Samuel Horowitz and I am the immediate Past President of the Los Angeles County Medical Association. I am appearing on behalf of the nearly 10,000 physician members of LACMA. Additionally, both the California Medical Association and the American Medical Association have endorsed H.R. 8440 as introduced by Congressman Roybal.

I might add, Mr. Chairman, that I and other physicians for the Los Angeles County Medical Association have had several meetings with Japanese physicians and surgeons who are interested in both the humanitarian and scientific principles embodied in this legislation. All of us are grateful to Congressman Roybal for sponsoring the bill.

It is not my intention this morning to go into detail about this bill since it is a quite simple approach designed to assist those relatively small numbers of certain U.S. survivors of the atomic bombings of Hiroshima and Nagasaki.

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The first would obviously be of benefit to those who are covered since annual physicals would help detect any possible complications that might be developing before the patient is actually aware of the condition, i.e., preventive medicine.

Second, and perhaps equally important in my view, is that information obtained from annual physicals could have immense potential good for the future. The research and scientific information obtained may be of benefit to others who might in some way be exposed to radiation.

Mr. Chairman, that concludes my testimony. I and my colleagues throughout the United States and in Japan deeply appreciate the opportunity to appear before you. Thank you very much.

Mr. DANIELSON. Thank you very much, Dr. Horowitz. I gather from your statement then, that I am safe in inferring and may with some degree of impunity state in future public meetings that the entire medical community of the State of California, and the official organs of the medical profession throughout the United States support the bill.

Dr. HOROWITZ. That is correct.

Mr. DANIELSON. That is really quite a broad endorsement, and I thank you for it. I want to ask one specific question. You talk about an annual physical examination. I am going to assume—and correct me if I am wrong, please—Dr. Noguchi referred to “evaluations,” health evaluations. Is that pretty much the same thing?

Dr. HOROWITZ. Well, we did have a clinic, for instance, last year or a year and a half or two ago, and none has been scheduled again for perhaps another year or two. I imagine if this bill passes, that each survivor will come forth to be examined, and if nothing is found, may very well be forgotten until something turns up as reported by the patient himself.

Mr. DANIELSON. But the evaluation is the same thing as a physical examination, is that correct?

Dr. HOROWITZ. Correct.

Mr. DANIELSON. We were talking about possibly 800 to 1,000 at the outside, of potential beneficiaries of the program. Would it be your intention that all of these people have an annual physical, even though they are not aware of any acute problem?

Dr. HOROWITZ. I believe that is my intention. I think you would add tremendously to the statistical information that you want to develop.

Mr. DANIELSON. And this would be of value to the medical profession against the possibility that we may need it sometime in the future; is that correct?

Dr. HOROWITZ. Correct.

Mr. DANIELSON. Thank you very much, Dr. Horowitz. Mr. Roybal.

Mr. ROYBAL. Well, Doctor, I would like to thank you for your proposed amendment. I see that under this bill, the Secretary of

Health, Education, and Welfare would certify that an individual is eligible under this act. At that particular time I assume that a complete medical examination would be held, in order for the Secretary to make that determination. As I reread the bill, I don't see any section of the bill that does continue that practice on an annual basis.

Dr. HOROWITZ. Correct.

Mr. ROYBAL. May I again thank you for your suggestion, and I think it is something that we should definitely consider.

Dr. HOROWITZ. Thank you.

Mr. ROYBAL. Thank you for your testimony.

Mr. DANIELSON. Mr. Mineta.

Mr. MINETA. Thank you, Mr. Chairman, I want to thank you, Dr. Horowitz, for your leadership in getting the endorsement of the AMA on this bill. I think that is significant, that the AMA would take that kind of a position on this bill, and I know that your efforts in getting that endorsement was really, I would say herculean, in terms of getting it, and I want to thank you very much for your leadership.

Mr. DANIELSON. I had one followup question. Are you aware of any ethical or professional inhibitions which would hinder the accumulation of an information bank from the doctors who give the treatment to these people?

Dr. HOROWITZ. It may require the deletion of names of both the doctor and the patient.

Mr. DANIELSON. But the information could be accumulated without names, would be just as valuable, would it not?

Dr. HOROWITZ. It is being done all the time.

Mr. DANIELSON. Fine. In other words, there aren't any inhibitions we have to lift thorough other legislation, so far as you know?

Dr. HOROWITZ. I do not think so.

Mr. DANIELSON. Thank you very much. There being no further questions, you are excused, and thank you very much for your contribution.

Dr. HOROWITZ. It has been my pleasure.

Mr. DANIELSON. We will now call Judy Aya Enseki, member of the Committee of Atomic Bomb Survivors in the U.S.A., of Los Angeles. Miss Enseki, thank you, and please come forward.

Ms. ENSEKI. Good morning.

Mr. DANIELSON. Good morning.

#### TESTIMONY OF JUDA AYA ENSEKI, MEMBER, COMMITTEE OF ATOMIC BOMB SURVIVORS IN THE U.S.A., LOS ANGELES

Ms. ENSEKI. My name is Judy Aya Enseki. I was born in central California in 1922. I was a student at Bakersfield Junior College when the war with Japan started. In May of 1942 I was sent to a concentration camp in Fresno, Calif.

I met and married my husband. Later we lived in another camp at Manzanar, Calif., where our son was born.

In late 1943 we were repatriated to Japan. My husband was an American citizen, but had received his education in Hiroshima, Japan. When he was asked, while we were in Manzanar, whether he would like to return to Japan, he chose to go. At the time, I felt I had no choice but to accompany him, since our child was only 2 months old.

When we arrived in Japan, my husband was drafted into the Japanese Army, and I have not seen him since. When the atom bomb fell on Hiroshima, I was living about 2 kilometers from the center of the city. I was outdoors, 2 blocks from my home. My nose and ears were burned.

The next day, a relative and I were in the city, searching for other members of the family who had been living in the city. After the war, from late 1945 to early 1947, when I returned to California, I worked as a medical stenographer in the U.S. Army hospital in Tokyo.

I am currently under treatment for anemia and a thyroid problem. My group medical policy at my place of work does not cover the treatment, since this type of anemia is treated with vitamin-type injections, and medication, and the policy does not cover preventive care.

I hope this committee will act favorably on this bill, since it will help many victims who need, but are unable to pay the high cost of medical care. Thank you.

[The prepared statement of Ms. Enseki follows:]

STATEMENT OF JUDY AYA ENSEKI

My name is Judy Aya Enseki. I was born in central California in 1922. I was a student at Bakersfield Jr. College when the war with Japan started. In May of 1942, I was sent to a concentration camp in Fresno, California. I met and married my husband during this time. Later, we lived in another camp at Manzanar, California, where our son was born.

In late 1943, we were repatriated to Japan. My husband was an American citizen but had received his education in Hiroshima, Japan. When he was asked whether he would like to return to Japan, he chose to go. At the time, I felt I had no choice but to accompany him since our child was only two months old. When we arrived in Japan, my husband was drafted into the Japanese army and I have not seen him since although he returned to Japan in late 1947 and is now living in Tokyo.

When the atom bomb fell on Hiroshima, I was living about 2 kilometers from the center of the city. I was outdoors, two blocks from my home. My nose and ears were burned. The next day, a relative and I were in the city searching for other members of the family who had been living in the city. After the war, from late 1945 to early 1947, when I returned to California, I worked as a medical stenographer in a U.S. Army Hospital in Tokyo.

I am currently under treatment for anemia. My group medical policy at my place of work does not cover the treatment since this type of anemia is treated with vitamin-type injections and medication and the policy does not cover preventive care.

I hope this committee will act favorably on this bill since it will help many victims who are unable to pay the high cost of medical care. I also feel that this care should be extended to those persons who might in the future be victims of nuclear powerplant accidents.

Mr. DANIELSON. Thank you very much, Ms. Enseki. Don't go away for a moment. I know that Congressman Roybal would like to at least say hello to you, so we will recognize Mr. Roybal.

Mr. ROYBAL. Thank you, Mr. Chairman. Ms. Enseki, I would like to ask you just one question, and that is with regard to health insurance coverage. Before health insurance is made available, one must have a complete physical examination, and it is usually the practice, as you know.

However, what I would like to know is whether or not people of Japanese ancestry are asked the specific question of whether or not they were survivors of the atomic bombing.

Ms. ENSEKI. No. I have been submitting my bills to the office, and they were paid, and suddenly just this past year, in fact, and I had been paid for a few years, reimbursed for my expenses, and suddenly they discovered they had been paying me.



Mr. ROYBAL. All right, so while they do not ask that specific question at the time that the insurance is granted, they do cancel insurance after they become aware of the fact that you are atomic bomb survivors?

Ms. ENSEKI. Well, no, I don't think it was the atomic bomb survivor portion that—it was the anemia-type treatment, rather, the vitamin-type and preventive care. They said they do not pay for that. As far as being a survivor, they don't know that, because that is not required when you take insurance with your place of employment.

Mr. ROYBAL. I understand. But if the insurance company is aware of the fact that a person is a survivor, what happens? Do they continue the insurance, or do they cancel it?

Ms. ENSEKI. In my case, since it is through my work, it is not canceled, because I am allowed to—I am eligible for group insurance just like anybody else.

Mr. ROYBAL. I understand, but supposing anyone who is a survivor does go to any insurance company to try to get life insurance. Do you know whether or not, No. 1, they are given that life insurance; and No. 2, is there a cancellation of that life insurance if its known later that they are survivors?

Ms. ENSEKI. I understand your question. I am unable to answer that, since it doesn't—

Mr. ROYBAL. All right. I will ask that question, Mr. Chairman, of other witnesses, hoping to get a direct answer on it. Thank you, Mr. Chairman.

Mr. DANIELSON. Thank you, Mr. Roybal. Mr. Mineta.

Mr. MINETA. Thank you, Mr. Chairman.

Ms. Enseki, you indicated that you do have a group health insurance policy, but it—for the preventative type of care that you need, it does not cover that.

Ms. ENSEKI. No.

Mr. MINETA. Roughly, how long have you been under, let us say, some kind of treatment, or have had to have preventative care? Ever since 1945?

Ms. ENSEKI. Well, I didn't have care for a long time. I guess it is about 30 years now—25, 30 years.

Mr. MINETA. Since that has not been covered by any insurance that you have, how much over that period of time, have you had to spend, yourself, in order to provide that care?

Ms. ENSEKI. Well, my medical bills come to about \$700 or \$800 a year, average.

Mr. MINETA. And that is just for the preventative—

Ms. ENSEKI. Yes.

Mr. MINETA [continuing]. Medicine—

Ms. ENSEKI. Yes.

Mr. MINETA [continuing]. That you have to—

Ms. ENSEKI. Uh-huh.

Mr. MINETA [continuing]. Take on a regular basis. Before you had group coverage, did you ever have an individual policy?

Ms. ENSEKI. Yes; I had Blue Cross policy when I left one place of employment, and then the next place did not have a group policy. I took Blue Cross, and they had a waiver on it stating that no anemia or any disease of the blood or leukemia would be covered. It was on the policy at that time.



Mr. MINETA. Fine. Thank you.

Ms. ENSEKI. But now I am covered under group policy at the present time.

Mr. MINETA. And you are presently under a doctor's care——

Ms. ENSEKI. Yes; I am.

Mr. MINETA [continuing]. Watching——

Ms. ENSEKI. Yes; I am.

Mr. MINETA. Do you have any anemia or any other kinds of outward manifestations of your——

Ms. ENSEKI. The anemia and thyroid problem I do have, and I have injections every 2 weeks.

Mr. MINETA. Thank you very much, Ms. Enseki, Mr. Chairman.

Mr. DANIELSON. Thank you, Mr. Mineta, and thank you very much, Ms. Enseki, for your help.

The next witness will be Tsuyako Munekane, member of the Committee of Atomic Bomb Survivors in the U.S.A., from Los Angeles.

I understand that Ms. Munekane is ill today, and too ill to attend, and you are appearing simply to read the statement of the witness.

Mrs. KUNITUGU. Yes.

Mr. DANIELSON. Would you be kind enough to identify yourself for the purpose of our record, and then go right ahead?

**TESTIMONY OF TSUYAKO MUNEKANE, MEMBER, COMMITTEE OF ATOMIC BOMB SURVIVORS IN THE U.S.A., LOS ANGELES; READ BY KATSUMI KUNITUGU**

Ms. KUNITUGU. My name is Katsumi Kunitugu. I am the executive secretary of the Japanese American Cultural and Community Center. The reason that I am appearing for Mrs. Munekane is, first, she is very ill, and second, she speaks only Japanese, and felt very uncomfortable and nervous about her public appearance, and asked me to narrate her story for her.

I am happy to do this for her, because I as a child lived in Hiroshima, near the city of Hiroshima for 4 years, but fortunately, my parents decided to come back to the United States before the atomic bomb.

I am speaking for Mrs. Tsuyako Munekane. She is 60 years old. She was born in Hawaii and is an American citizen. She was taken to Japan by her family when she was 5 years old, and except for 1 year in 1937, when she returned to the United States to help her brothers, she has resided in Japan, and therefore speaks Japanese as her native language.

She went to Japan again after 1937, to help take care of her father who became ill. She married in 1938, and went to Korea with her husband, and there she had two children. When the so-called China incident became more serious, she returned to Japan with her children, expecting her husband to follow.

He was caught in Korea when war with the United States began in 1941, and she did not see him again until after the war.

When Hiroshima was atom-bombed, Mrs. Munekane was in bed. She was ill. Her home was only 1 kilometer from the center of the blast, but she somehow survived, although with serious burns. She

was divorced from her husband, whom she had not seen all that time, and remarried. A child was born from her second marriage in 1949. When the child was 5 years old, she came to the United States, because her brothers were still here.

The next 21 years were years of suffering for Mrs. Munekane, as she struggled to support herself and her child. Because of her language handicap, the only job she could work at was factory work in a frozen food processing plant.

She was often physically ill, with pain which made her scream, ringing in her ears constantly, her face and body bloating sometimes for no reason at all, and a general tiredness, for none of which the doctors could find a physical reason.

When nearly destitute, she consulted a doctor in the local Japanese community, whose cold and indifferent diagnosis was that Mrs. Munekane was analingering.

To compound her suffering, Mrs. Munekane was the victim of a hit-and-run driver in January of 1975, which forced her off the labor force, and left her to live on \$150 a month welfare.

Only through the persistent efforts of Mrs. Helen Okamoto, who was then the social worker with the Japanese Chamber of Commerce Social Services Department, was Mrs. Munekane finally granted disability benefits through social security and the supplemental security income programs. It took 2 long years, 22 separate applications, and a final appeal to the court of appeals, however, before she was granted this aid.

She has asked me to tell you her story because she still has a language handicap, and the possibility of a public appearance is nerve shattering to her.

Thank you.

[Complete statement follows:]

[Read by Mrs. Kats Kunitsugu]

Name: Mr. Tsuyako Munekane.

Age: 60

Place of Birth: Hawaii.

Narrative: Mrs. Munekane was taken to Japan by her family when she was 5 years old. Except for one year in 1937 when she returned to the U.S. to help her brothers, she has resided in Japan and therefore speaks Japanese more skillfully than English. She went to Japan again after a year, because her father became ill, and she had to help take care of him.

She married in 1938 and went to Korea with her husband, where her two children were born. When the China Incident became more serious, she returned to Japan with her children, expecting her husband to return later. He was caught in Korea when war with the United States began in 1941, and she did not see him again until after the war.

When Hiroshima was atom bombed, Mrs. Munekane was in bed, ill. Her home was only 1 kilometer from the center of the blast, but she somehow survived, although with serious burns.

She was divorced from her husband after the war and remarried.

A child was born in 1949 from her second marriage. When the child was five years old, she came to the United States, following the breakup of her second marriage.

The next 21 years were years of suffering for Mrs. Munekane, as she struggled to support herself and her child. Because of her language handicap, the only job she could work at was factory work in a frozen food processing plant. She was physically ill often, with pain which made her scream, ringing in her ears, bloating face and body and a general tiredness, for none of which doctors could

find any physical reasons. When nearly destitute, she consulted a doctor in the local Japanese community whose cold and indifferent diagnosis was that Mrs. Munekane was "malingering."

To compound her suffering, Mrs. Munekane was the victim of a hit-and-run driver in January of 1975, which forced her off the labor force and left her to live on \$150 a month welfare.

Only through the persistent efforts of Mrs. Helen Okamoto, who was then the social worker with the Japanese Chamber of Commerce Social Services Dept., Mrs. Munekane was finally granted disability benefits through Social Security and the Supplemental Security Income programs. It took two years, 22 separate applications and a final appeal to the Court of Appeals, however, before she was granted aid.

She has asked me to tell you her story, because she still has a language handicap, and the possibility of a public appearance is nerve shattering to her.

Mr. DANIELSON. Thank you very much, Mr. Roybal.

Mr. ROYBAL. Thank you, Mr. Chairman. May I compliment you for volunteering, and I hope to testify before this committee—

Mrs. KUNITSUGU. I was very happy to.

Mr. ROYBAL [continuing]. I received some information with regard to Ms. Munekane's problems, and you have described them quite adequately. Thank you very much.

Mrs. KUNITSUGU. Thank you.

Mr. DANIELSON. Mr. Mineta?

Mr. MINETA. Thank you, Mr. Chairman, Mrs. Kunitsugu, the child that was born in 1949 from the second marriage was exposed to radiation—oh, no, no.

Mrs. KUNITSUGU. No.

Mr. MINETA. Was not, of course, 1949. Does that child have any problems from—

Mrs. KUNITSUGU. Not that I know of. I talked to Mrs. Munekane very briefly for one afternoon, and I have no information on the child, except that he is living.

Mr. MINETA. She has disability benefits. What about medical coverage?

Mrs. KUNITSUGU. She does have MediCal and medicare aid.

Mr. MINETA. And to what extent does that coverage provide for her, adequacy in terms of medical treatment?

Mrs. KUNITSUGU. It would be only if she became ill. It would not include preventive medicine.

Mr. MINETA. And does she take some medicine, or does she have some kind of preventive medical treatment that she—

Mrs. KUNITSUGU. She is under medical treatment now; yes.

Mr. MINETA. Would you have any idea how much that is costing her, on an annual basis?

Mrs. KUNITSUGU. No; I don't.

Mr. MINETA. Fine. Thank you very, very much, Mrs. Kunitsugu.

Mrs. KUNITSUGU. Thank you.

Mr. MINETA. Thank you, Mr. Chairman.

Mr. DANIELSON. Thank you very much, ma'am, for your help, and for helping your friend.

Mrs. KUNITSUGU. Thank you.

Mr. DANIELSON. Goodbye.

Our next witness will be Kuniko "Nickie" Jenkins, a member of the Committee of Atomic Bomb Survivors from San Francisco, and will witness Jenkins please come forward? Here we are. Please come for-

ward and please be as relaxed as you can. We are absolutely the most harmless people you have ever met in your life.

**TESTIMONY OF KUNIKO JENKINS, MEMBER, COMMITTEE OF ATOMIC BOMB SURVIVORS, SAN FRANCISCO; READ BY JUDY ENSEKI**

Mrs. JENKINS. Thank you.

Ms. ENSEKI. I am Judy Enseki again, and I am speaking for Mrs. Jenkins. Mrs. Jenkins is sorry, but she will not be able to read her own statement today, due to doctor's orders.

Mr. DANIELSON. For the record, this again is Ms. Enseki, who is now doubling as a reader for us. You are welcome. Please continue.

Ms. ENSEKI. When she gets a little excited, as anyone would in front of television cameras, her breathing and eyesight become impaired, and in anticipation of this event, it has become apparent that it would not be wise, from a medical standpoint, for her to speak today, and I would like to mention that she was not able to travel here by air today, because the airline would not accept her with her oxygen tank, so she had to drive from San Francisco to be here, 3 days ago, and she brought her father and mother with her, and her father sat in the back seat with the oxygen tank, so she could have oxygen during the trip while she was driving. [Reading:]

My name is Kuniko Jenkins, and I am married and living in San Francisco. I was asked to speak—by the Committee of Atomic Bomb Survivors of the United States of America—partly because I am a housewife, and have more time than some of the others in the group, and also because some of the others are afraid to identify themselves, for fear of losing their jobs. Many employers would not hire survivors because they would be concerned about—

Mr. DANIELSON. Excuse me, Ms. Enseki. I am afraid that some of the people in the last row can't hear you. Would you move the microphone a little closer to you, please? That is my way of saying I can't hear you, but please go ahead.

Ms. ENSEKI [reading]:

Many employers would not hire survivors because they would be concerned about time they might miss from work due to illness.

I do not know if I am a good person for an example, because in some ways I am very fortunate. I have been married to a wonderful man, who accepted me even knowing that I had survived the atomic bombing of Hiroshima. Many survivors have found that they have not been able to marry, once their future husband or wife knew this fact, or their marriages have not been successful when they were not able to have children.

Also, I have been very fortunate because my husband is retired from the military, and I have been able to receive medical treatment without undergoing the extreme financial suffering that many survivors in the United States have had to face.

The high medical costs for the individuals has created an almost impossible burden on many who have often had to have special treatment for cancer, hospitalization, or other kinds of care.

I also feel fortunate because I have had a doctor who has been concerned about my unique medical problems as an A-bomb survivor. I have heard many sad but true stories about other survivors who have seen doctors who do not understand the significance of, or are unfamiliar with, the effects of radiation.

They have ignored the survivors' complaints of pain, which they may not have been able to trace, and have created much additional anguish and suffering for the patient, who may be suffering from one of the many forms of cancer or other conditions suffered by survivors which remain unknown and unstudied to this day in the United States.

Like other survivors, the atomic blast at Hiroshima changed the course of my life.

I am a naturalized United States citizen today, but in August of 1945, I was a 19-year-old girl living away from my family as a nursing student, and doing training at an army hospital in Hiroshima. I had chosen Hiroshima from nine available places, as the place I wanted to do my nurse's training, because I had been born there.

Only the night before the bombing, discouraged about the terrible toll the war takes on lives, I had vowed to my nursing supervisor that I would not give up, but would continue in my studies, and also that I would stay with her and help her.

At 8:15 a.m., on August 6, 1945, I was going about my regular duties as a nurse. It was a beautiful morning, and all was going normally, until suddenly, without warning, there was a terrific flash of light and an intense heat.

Without thinking, I began to run toward a doorway, but was suddenly trapped under falling lumber as the hospital building collapsed. I was bent over in a squatting position, as I had initially tripped over part of the structure which had fallen first, and for a moment I passed out.

When I came to, everything was quiet and dark, and I was unable to move. Slowly, my eyes adjusted to the dark and I was able to see a ray of light. Although blood was running down my face and arms, and I felt helpless under the weight of the lumber, I knew I had to free myself to help others.

I was gashed by nails in my arms and face as I struggled to free myself, and my arms were pierced with bits of glass that must have flown from shattering windows, but I saw many in worse condition, as I freed myself and began to walk through the building.

Some of the people I saw were unidentifiable, because they had been so badly burned, and they were wandering about blindly, moaning in pain, their skin dangling. It was pure hell to see.

I began searching for my friends. I found my nursing supervisor slumped over at her desk, where she had been working when she had been crushed by falling lumber. I was in a state of shock, but was stunned with grief, too, that she would not be alive to know I would have kept my promise to her.

But there was no time to lose. The building had collapsed and had burst into flame. I had to continue on. I called to my friends and we found one another, one by one, helping each other out of the wreckage.

Somehow, we had survived. We managed to get out of the building and make our way to safety. I left my friends to seek help at the nearest hospital, walking for miles in bleeding bare feet. Somehow, I had lost my shoes.

On the way, I passed many bodies, and many people dying, begging for help. It was a pitiful sight. Animals were running astray. Some were badly burned. A wounded horse stood in the middle of a road, as if waiting for its master.

I walked for hours. I don't know how long. My watch had stopped with the bombing at 8:15 a.m. It became stormy, with lightning, thunder, and a hard rain making it all the more frightening.

I reached the hospital finally, in the late afternoon, scaring the guard with my gruesome appearance. My face and arms were gashed open, and my feet were bloody. I told him of our plight, only to learn that there were only one doctor and three nurses there, treating several hundred victims.

Most of the victims were unattended, lying in row after row, children crying for their mothers, or adults requesting water. Almost all passed away, after days of struggling for life.

Eventually, after I had recuperated somewhat in a nearby town, I returned to Hiroshima in response to a plea for medical help in the newspaper, and worked with the A-bomb victims for over a year. After that, and my certification as a nurse, the army hospital where I was working closed down, and I had to be hospitalized myself for 2 years, for some of the after effects of the radiation.

When I think back to that time now, and realize how many died, it is a miracle that I am alive today, although I still suffer greatly from the aftereffects—I must take oxygen from an outside source at least six times a day to stay alive, because my lungs are too weak to work sufficiently.

And although I have occasionally been able to return to the nursing that I became certified to do, I have spent almost as much time hospitalized as a patient myself since that time.

The A-bomb survivors are fortunate to be alive, but they still suffer greatly. For my sake and that of others I have treated and know, I pray that you will

have the kindness to help us. We face employment, marital, and insurance discrimination, suffer from multiple serious diseases, and endure much pain, but we ask that we might receive some Government assistance for medical costs that create a hardship for us to bear alone.

We ask for your help, in supporting H.R. 5150, and we hope, above all, for world peace.

[The prepared statement of Mrs. Jenkins follows:]

STATEMENT OF KUNIKO "NICKIE" JENKINS

My name is Kuniko Jenkins and I am married and living in San Francisco. I was asked to speak—by the Committee of Atomic Bomb Survivors of the United States of America—partly because I am a housewife, and have more time than some of the others in the group, and also because some of the others are afraid to identify themselves, for fear of losing their jobs, etc. Many employers would not hire survivors because they would be concerned about time they might miss from work due to illness.

I do not know if I am a good person for an example because in some ways I am very fortunate. I have been married to a wonderful man, who accepted me even knowing that I had survived the atomic bombing of Hiroshima. Many survivors have found that they have not been able to marry, once their future husband or wife knew this fact—or their marriages have not been successful when they were not able to have children.

Also, I have been very fortunate because my husband is retired from the military and I have been able to receive medical treatment without undergoing the extreme financial suffering that many survivors in the United States have had to face. The high medical costs for the individuals has created an almost impossible burden on many who have often had to have special treatment for cancer, hospitalization or other kinds of care.

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At 8:15 a.m. on August 6, 1945, I was going about my regular duties as a nurse. It was a beautiful morning and all was going normally until suddenly—without warning—there was a terrific flash of light and an intense heat. Without thinking, I began to run toward a doorway, but was suddenly trapped under falling lumber as the hospital building collapsed. I was bent over in a squatting position, as I had initially tripped over part of the structure which had fallen first, and for a moment I passed out. When I came to, everything was quiet and dark, and I was unable to move. Slowly, my eyes adjusted to the dark and I was able to see a ray of light. Although blood was running down my face and arms, and I felt helpless under the weight of the lumber, I knew I had to free myself to help others. I was gashed by nails in my arms and face, as I struggled to free myself, and my arms were pierced with bits of glass that must have flown from shattering windows, but I saw many in worse condition as I freed myself and began to walk about through the building. Some of the people I saw were unidentifiable, because they had been so badly burned, and they were wandering about blindly, moaning in pain, their skin dangling. It was pure hell to see.

I began searching for my friends. I found my nursing supervisor slumped over at her desk, where she had been working, when she had been crushed by falling

lumber. I was in a state of shock, but was stunned with grief too, that she would not be alive to know I would have kept my promise to her. But there was no time to lose, the building had collapsed and had burst into flame. I had to continue on. I called to my friends and we found one another, one by one, helping each other out of the wreckage.

Somehow, we had survived; we managed to get out of the building and make our way to safety. I left my friends to seek help at the nearest hospital, walking for miles in bleeding bare feet. Somehow, I had lost my shoes. On the way, I passed many bodies and many people dying, begging for help. It was a pitiful sight. Animals were running astray. Some were badly burned. A wounded horse stood in the middle of a road, as if waiting for its master.

I walked for hours—I don't know how long. My watch had stopped with the bombing at 8:15 a.m. It became stormy—with lightning, thunder and a hard rain it was all the more frightening.

I reached the hospital, finally, in the late afternoon, scaring the guard with my gruesome appearance. My face and arms were gashed open, and my feet were bloody. I told him of our plight, that there were only one doctor and three nurses there, treating several hundred victims. Most of the victims were unattended, lying in row after row: children, crying for their mothers, or adults, requesting water. Almost all passed away, after days of struggling for life.

Eventually, after I had recuperated somewhat in a nearby town, I returned to Hiroshima in response to a plea for medical help in the newspaper, and worked with the A-bomb victims for over a year. After that, and my certification as a nurse, the Army hospital where I was working closed down and I had to be hospitalized myself for two years for some of the after-effects of the radiation.

When I think back to that time now, and realize how many died, it is a miracle that I'm alive today. Although I still suffer greatly from the after-effects. I must take oxygen from an outside source at least six times a day to stay alive, because my lungs are too weak to work sufficiently. And although I have occasionally been able to return to the nursing that I became certified to do, I have spent almost as much time, hospitalized as a patient myself, since that time.

The A-bomb survivors are fortunate to be alive, but they still suffer greatly. For my own sake, and that of others I have treated and known, I pray that you will have the kindness to help us. We face employment, marital and insurance discrimination, suffer from multiple serious diseases and endure much pain. But we ask that we might receive some government assistance for medical costs that create a hardship for us to bear alone.

We ask for your help, in supporting H.R. 5150. And we hope, above all, for world peace.

Mr. DANIELSON. Thank you very much, ma'am. Mr. Roybal.

Mr. ROYBAL. Mr. Chairman, this is the most moving description of the suffering of a survivor of the atomic bombing that I have ever heard. May I thank Mrs. Jenkins for coming all the way from San Francisco to testify before this committee.

I noticed that in your testimony, you stated that you are now receiving medical care due to the fact that your husband was in the military service?

Mrs. JENKINS. Yes.

Mr. ROYBAL. So you are here to plead, not for yourself, but to the many others like you who today are not receiving that care.

Mrs. JENKINS. That is correct.

Mr. ROYBAL. May I thank you very much for your effort, and for being here today.

Mrs. JENKINS. Thank you very much for being here today, and myself and my friend will thank you, too.

Mr. DANIELSON. Thank you very much. Mr. Mineta.

Mr. MINETA. I have no questions, Mr. Chairman. Thank you very much.

Mr. DANIELSON. Did you have any questions, Norman?

Mr. MINETA. I have no questions.



Mr. DANIELSON. Thank you very much for attending.

Mrs. JENKINS. Thanks.

Mr. DANIELSON. Our last witness in this series is Kanji Kuramoto, who is president of the Committee of Atomic Bomb Survivors, and from San Francisco. Mr. Kuramoto, would you please come forward? Please proceed.

**TESTIMONY OF KANJI KURAMOTO, PRESIDENT, COMMITTEE OF ATOMIC BOMB SURVIVORS IN THE UNITED STATES OF AMERICA, SAN FRANCISCO**

Mr. KURAMOTO. Thank you, Chairman Danielson, Congressman Roybal, and Congressman Mineta, and ladies and gentlemen.

My name is Kanji Kuramoto, president of the Committee of the American A-bomb survivors, I would like to thank you, personally, for giving us this opportunity to express our concerns to you. I would like to testify my experience and the American Hibaksha—Japanese terminology for A-bomb survivors—in general.

I was born in Honolulu, Hawaii. I went to Japan to visit my sick grandparents with my mother and brothers, returning to the United States after the war. Because I made that one trip, the course of my life changed. I was in Hiroshima 2 days after the bombing of Hiroshima.

Although it happened 33 years ago, I still remember it—like a terrible nightmare—in vivid detail. There are no words to describe the devastation and hell of that experience.

I searched for my lost father for 2 weeks, digging up over 20 dead bodies in my search. I also saw countless victims dying, old, young, men, women, children, even babies. I can still hear their voices crying out for help. The scenes I saw are engraved forever in my memory.

The horrible sight of those who were there, their indescribable mutilation, agony, and suffering. Blood was everywhere. All alive were struggling for life. Dead bodies littered the city. They looked like dark rotten peaches, and the city reeked with the stench of the dead.

I have tried to forget this tragedy. It gave me great relief by returning to the United States, escaping that tragic experience. I enjoyed a very happy life with my wife and two children, erasing and ignoring the A-bomb event of the early years.

Five years ago, talking with the A-bomb Survivors Committee members at Los Angeles, I found out that there are still many victims in the United States, suffering from the radiation effects without any aid or support.

My experiences then, however, are nothing compared to those other victims who were hit directly and are experiencing a living death. Thirty-three years passed since the bombs. It was a long time ago, but since then, many victims have died, while others are still suffering from the atomic bomb radiation doses. I cannot understand why the American A-bomb survivors are completely ignored. Most of them are American citizens.

Many of the American-born Japanese, Nisei, were attending schools in Japan when the war broke out, and were obliged to stay there until after the war. Many other Nisei had returned to Japan with their Japanese immigrant, Issei, parents immediately before the war, due to



anticipated "precautionary" measures that eventually resulted in the placement of west coast Japanese Americans in relocation camps.

Of those Nisei who returned to Japan, many were residing in Hiroshima. The healthiest of American survivors returned to the United States; however, most of them subsequently have been in poor health.

The survivors, traumatized by the bombing, were bitter for a long time. Some hated America for having caused the suffering, but after long years this bitterness has changed to a fierce sense of dedication to work for peace.

Life must go on. The Japanese American survivors want to forget what happened, and live as normally as possible. Americans do not want to be reminded of the effects of the bombing, and have done much to help the A-bomb survivors in Japan, paying for most of the medical research and examination of the victims for many years.

After the termination of World War II, and from 1947, based on the science and medical survey team's recommendation, the National Academy of Science's National Research Council organized the Atomic Bomb Casualty Commission to commence the scientific research activities in both Hiroshima and Nagasaki.

Our Government has spent more than \$80 million for the ABCC, renamed the Radiation Effects Research Foundation, in April, 1975. Because RERF is a research organization, medical treatment is, as a rule, received at each institution of medical care. RERF, however, contributes to medical care indirectly as well as directly, toward A-bomb survivors in Japan.

As an American, I am proud of RERF and its research and studies on the medical effects of radiation on humans and on diseases which may be affected by radiation, with a view to contributing to the maintenance of the health and the welfare of atomic bomb survivors, and to enhancement of the health of all mankind. RERF has been carrying out health examinations of atomic bomb survivors in Japan, but not for victims in the United States who are American citizens.

Fortunately, the survivors in Japan are provided free medical checkups, treatments, and disability payments by the Ministry of Health and Welfare. About 360,000 survivors are recipients of these benefits.

This aid is not for the American survivors. Ironically, the survivors of the atomic bomb living in the United States have been left out. We can only surmise that our Government has ignored them.

After many appeals for aid, these survivors began to surface. The Atomic Energy Commission requested the Oak Ridge National Laboratory to seek out American survivors. The 1976 report of the Oak Ridge National Laboratory documents the existence of atomic bomb survivors in the United States, and relates the varying degrees of exposure to radiation, such as 490 to 510 rads, have a real need to receive treatment by the medical experts.

There are an estimated 1,000 survivors of the atomic bomb radiation in the United States today. Of these numbers, only about 400 can be located. Many American victims have been unwilling to declare themselves, because of the stigma attached to their condition.

Many have employment problems, unable to marry, and have to deal with the genetic damage which varies with the doses of radiation received. The most difficulty is to obtain health and life insurance.

A lady from northern California sent me this statement, asked me to promise not to reveal her name or her insurance company name, because she fears losing her insurance. This lady's medical cost for the last five years is \$16,833.27. Since her insurance has repaid \$10,624.91, her actual payment is \$6,208.36. It is an extremely high cost for the average American.

She has received official recognition from the Minister and Japanese Health and Welfare, that said her injury and illness is attributable to the harmful effects of the atomic bomb. Of course, she can obtain free medical care and a good amount of financial aid if she lives in Japan.

I have a statement, but I have not too much time, so I will just give a—and then—

Mr. DANIELSON. Sir, if you could just leave the statement with us—

Mr. KURAMOTO. Yes.

Mr. DANIELSON [continuing]. We will place it in the record, without objection.

Mr. KURAMOTO. Yes; please, yes.

Mr. DANIELSON. So ordered.

Mr. KURAMOTO. Now, what is the worst thing that can happen to you? A special nationwide survey of the United States by Gallup poll, 1976, shows cancer to be the most feared affliction—about 58 percent—with blindness next, 18 percent, and heart disease at 9 percent.

The researchers of the Radiation Effects Research Foundation say the only real finding so far is that radiation produces cancer. The higher the radiation dosage received, the greater danger of cancer. Most American Hibakusha who passed away in recent years had cancer.

The victims dealing with great psychological tension are afraid they will succumb to the same diseases as their relatives and friends who were fatal victims. Also, they were made to suffer more by the remorse of having alone survived among the many who died, by the strain, anxieties, and fear of the largely unclarified radiation effects, and by the unfounded discrimination arising from man's first experience of the atomic bomb. Their suffering and agony are continuous without end.

I would like to tell you this true story for my last appeal. Alas, a lady called by phone.

Mr. Kuramoto, thank you very much for your kind effort. I am going to Japan to care for my health, because I cannot obtain any health insurance here with my poor health. I had been insured under my husband's group insurance, however, after he retired from the job, no insurance will cover me. It is too expensive to care for my bad health without any insurance.

Since the Japanese Government will take care of me at any cost, my husband agreed to go to Japan to live with me. Mr. Kuramoto, I really do not want to go to Japan. I love this country, and I wish to stay here until I die.

You know I was born at Sacramento and all my relatives are living here. I love this beautiful State of California. I will come back as soon as the bill passes and becomes laws. Please let me know when that comes. Then I will see you again, Mr. Kuramoto.

Excuse me. The lady's dream, however, never will come true, because her 56 years of life was ended after a few months in Japan. She was doomed to pain and misfortune until she died. This inhumane tragedy eliminated the human right to live. Please protect all American citizens' right to live here.

Billions of dollars are used to produce weapons like the hydrogen bomb, neutron bomb, poison gas, and chemical bombs to kill and destroy the human being. The American survivors are requesting a very small amount of those funds to ease their agonies.

The issue is not whether the bomb should have been dropped, or whether the United States should help only Japanese survivors of the bombing. The issue is whether the American Government can assist a small number of the American survivors living today.

I am appealing to you to aid these people in the spirit of true love. Thank you.

Mr. DANIELSON. Thank you very much, and I yield to Mr. Roybal of California.

Mr. ROYBAL. Mr. Kuramoto, I would like to thank you for a very vivid description of your experience. It is sad. It is moving, and I hope that it is read throughout the Nation as testimony given by someone who was there immediately after the bombing.

Now, I think you summarized the entire issue before us when you said that the issue is whether the American Government can assist a small number of American survivors living today.

Mr. KURAMOTO. Yes, sir.

Mr. ROYBAL. And that is the purpose of this hearing.

Mr. KURAMOTO. Yes.

Mr. ROYBAL. We want to know what the problems are, and we want to make the proper recommendations to the Congress as a whole, so that the few living survivors living today can get the necessary care.

Now, you have stated that a lady that called you said that she had been insured under her husband's group insurance. She went on to say that after he retired from the job, there was no insurance coverage available to her.

Now, let us examine closely the matter of insurance with regard to life insurance, no longer looking at the medical insurance that is sometimes provided. Do insurance companies insure an individual who has been a survivor of the atomic bombing at the present time.

Mr. KURAMOTO. Well, this is my experience, which had one case. She was, what you call waivers, they print that in the waivers, but if they print a waiver, and she is no insurance. Anything effect to the certain sickness, they put into the waivers, so that means that she puts in so much amount of money, but no coverage by the insurance. So this money is no use to put into the insurance with waivers.

Mr. ROYBAL. All right, now if insurance is granted, then there is a waiver that would cover the situation with regard to a survivor. Now, in the event that insurance is given, and then it is known later that that particular person is a survivor, is there immediate cancellation, or does the waiver suffice, insofar as the insurance company is concerned?

Mr. KURAMOTO. Well this lady's concern is that she had all kinds of problems, her life, until the husband entered retirement, and when the husband retired, she has to go her own insurance, not the group insurance of the husband, so she presented her medical record to the insurance, and the insurance looked over her medical record. Insurance company doesn't want to cover her because she had too much problems.

Mr. ROYBAL. All right, a very direct question, Mr. Kuramoto. In your opinion, are the atomic bomb survivors discriminated upon by insurance companies?

Mr. KURAMOTO. I believe so.

Mr. ROYBAL. Thank you, sir.

Mr. DANIELSON. Mr. Mineta.

Mr. MINETA. Thank you, Mr. Chairman.

Kuramoto-san, did you suffer, yourself, from the effects of the atomic bombing in Hiroshima? You mentioned that you got there 2 days after the bombing. Have you, from having been in, now, in that area, suffered physical problems from that?

Mr. KURAMOTO. Personally, I am very lucky to have no direct physical injury, but sometimes I have a night dream of that time happened, which I saw there, but not physical. I am still a healthy man. I am very happy to have the healthy body, and I hope it will be like this way for my life.

But I try to do something for my friends, which I could see how they are suffering.

Mr. MINETA. How long have you been president of this committee? How long has it been since the committee was formed?

Mr. KURAMOTO. This committee was born about 6 years ago, and about that time is just a friendship circle type, and then I think 5 years ago, Dr. Noguchi encouraged to make California nonprofit corporation, and I come in about 4 years, but I am president about 3 years now, for the whole United States.

Mr. MINETA. Initially, when the group was formed, you say it was sort of like a friendship circle. Was that for exchange of information as to how best to take care of the problems that were common to all of the members of the group?

Mr. KURAMOTO. Well, at that time I wasn't in the members, I don't know directly the answer, but which I hear about it is just more like helping each other, some kind of—but they did not try to do anything, try to appeal to Congress, they tried to help each other among the survivors.

Mr. MINETA. What would you say is the biggest common problem among the membership of the Atomic Bomb Survivors Committee? What is the biggest problem, health problem—is it insurance problem?

Mr. KURAMOTO. I think right now the biggest problem and which I stated here, insurance, because still I know that quite a few persons, they don't want to be—I am survivors—because they lose more, and then I think there, I could say Dr. Noguchi was mentioned before, that they are, we are, everybody isn't sick people. We are pretty healthy people, but still has suffering. But the main thing, the main biggest problem right now, is they don't want to lose insurance.

Well, if the medical insurance finds out we are survivors, they lose insurance, or they print a big waiver in the insurance statement.

Mr. MINETA. You indicate that this lady in northern California in the last 5 years—

Mr. KURAMOTO. Yes.

Mr. MINETA. [continuing]. Had these tremendous medical expenses, and that her policy had paid for roughly, let us say, 60 percent of the expenses, and she had to pay the balance. This, I guess, is common among many members, where they do have those very high medical costs?

Mr. KURAMOTO. Well, this is not common, but she is one of the survivors, is pretty high medical cost which, I don't know, maybe it is

sometimes more, but which I know, she is sending me some material. It is one of the highest.

Mr. MINETA. But that is only for the last 5 years.

Mr. KURAMOTO. Yes.

Mr. MINETA. So it has been a problem for her, of course, since 1945?

Mr. KURAMOTO. Yes; this is one that I put in here, because her record would have shown, in the last 5 years, but she doesn't have that—all detailed record for the other years, but she has that since 1973, 1974, 1975, 1976, 1977 record here, so that is when I could state it, with how much.

Mr. MINETA. Kuramoto-san, thank you very, very much, and thank you, Mr. Chairman.

Mr. DANIELSON. Thank you.

Mr. KURAMOTO. One more thing that I would like to be—this is one, we have about 392 located, so this one is a—

Mr. DANIELSON. You have 392 located?

Mr. KURAMOTO. 392 located. Thank you.

Mr. DANIELSON. Fine. Well, we won't regard any of these figures as being absolutely positive until we are all the way done, and then we will leave a little room for latitude, but thank you very much.

Mr. KURAMOTO. Thank you, Mr. Chairman.

[Additional statements follow:]

#### PERSONAL STATEMENT FROM AN ATOMIC BOMB SURVIVOR

I would like to thank all of you from my heart for your warm assistance in making possible this public hearing of the Atomic Bomb Survivors in America. Thirty-three (33) years have passed since that terrible "Day of the Bombing" and, today, we have been able to achieve what we have waited and longed for during all these years in America. I feel great happiness in being able to open a new page in our history.

I have always been sick and weak since that day. I was eight years old and two kilometers from the center, and was burned from head to foot. I could not walk in the building where I was at the time of the bombing, because it had fallen down. Symptoms of the bomb continued and the doctor said I had no chance of living.

Although I made great efforts because I wanted to live, every time I got sick, I wanted to die with my brothers and sisters. I thought it would be easier to die than to live.

My hometown Hiroshima, which is surrounded by mountains and seven rivers and faces the Inland Sea, is a beautiful city which is in harmony with nature. But, for me, Hiroshima holds only sad memories and I do not want to live there anymore. Even though I knew I was sick, I married a Kibel-Sansei and came to America fourteen years ago.

California weather is nice compared to that of Japan—like a paradise—so my physical condition has improved. Now, I am happy with my husband and child. My only hope is to regain my health and to repay my gratitude to those who have taken care of me.

Two years ago, I was introduced to a very good doctor who explained that I would undergo major surgery (Bilateral Transverse Process—Fusion of the fourth lumbar to the sacrum). My health is improving, but my backbone still hurts. I go to the hospital occasionally and am waiting to recuperate completely. Each day is very important to me. Since I came to America, I have been unable to fulfill my role as a wife and mother, because of my sickness. My relatives and friends always worry about me. I have so many problems, but my main concern is medical costs. America does not have national health insurance like Japan, so I have to pay for medical insurance by myself. But the coverage is often insufficient, so I end up paying part of the medical fees. Two years ago, I had to borrow money to pay for my treatment, because the insurance company paid six months late. It was cheaper that way.

I learned that America did not have national health insurance when I first arrived here and wondered why it was lacking in the richest country in the world. Five years ago, I learned about the Hibakusha group from my doctor and, later, a branch was established in San Francisco where I became a member. I had a chance to meet Dr. Thomas Noguchi and told him about my medical condition. He said that I should seek medical care in Japan, because my disease was related to radiation poisoning. Four years ago, I visited Tokyo University Medical School with the help of Mr. Kanji Kuramoto, but the chief surgeon was at an important academic meeting, so I met one of his assistants. He said it was not necessary for me to have an operation, so I returned to the U.S. I really regret not having visited other hospitals. Due to my trip, I came back tired and feverish. My health was poor, so I went to different hospitals. I could not speak well, so I had an interpreter, but we could not communicate because of the difficult medical terminology.

My husband is always worrying about me and, because of that, is beginning to bail. I am recognized by the Japanese Health and Welfare Department as a bomb survivor, so I do not have to pay for medical care in Japan. Since I am living here, I do not want to bother my brothers and sisters in Japan. I am trying to live without causing them problems.

My husband is an independent gardener. He pays for expensive life insurance, because he worries about the welfare of my children and me if he should die, so we do not have much savings. I would really like to have a healthy body and be able to work and support myself—but I have given up this dream.

The reason why I do not get American citizenship is that I cannot receive medical attention for my illness here, but I can get it in Japan. As a result, I only have a permanent resident visa.

I am not the only one in this situation; I have many friends who are suffering like me.

Mr. Kuramoto, the president of the Hibakusha Association, asked us to make a detailed listing of our past medical fees. We wanted to write our names, but we are concerned about losing our health insurance because it means losing our lives. So please understand our situation.

#### STATEMENT BY THE COMMITTEE OF ATOMIC BOMB SURVIVORS IN THE UNITED STATES OF AMERICA

Thank you Congressman Roybal for your introduction. Chairman Danielson and members of the Judiciary Subcommittee, ladies and gentlemen, my name is Kanji Kuramoto, President of the Committee of Atomic Bomb Survivors in the United States of America. On behalf of American a-bomb survivors, I would like to thank you, personally, for giving us the opportunity to express our concerns to you. I would like to testify my experience and the American Hibakusha (Japanese terminology for a-bomb survivors) in general.

I was born in Honolulu, Hawaii. I went to Japan to visit my sick grandparents with my mother and brothers, returning to the United States after the war. Because I made that one trip, the course of my life changed. I was in Hiroshima two (2) days after the bombing of Hiroshima.

Although it happened thirty-three (33) years ago, I still remember it—like a terrible nightmare—in vivid detail. There are no words to describe the devastation and "HELL" of that experience.

I searched for my "lost" father for two (2) weeks, digging up over twenty (20) dead bodies in my search. I also saw countless victims dying: old, young, men, women, children and even babies. I can still hear their voices crying out for help. The scenes I saw are engraved forever in my memory. The horrible sight of those who were there, their indescribable mutilation, agony, and suffering. Blood was everywhere. All alive were struggling for life. Dead bodies littered the city. They looked like dark rotten peaches, and the city reeked with the stench of the dead.

I have tried to forget this tragedy. It gave me great relief by returning to the United States escaping that tragic experience. I enjoy a very happy life with my wife and two children, erasing and ignoring the a-bomb event of the early years. Five years ago, talking with the A-bomb Survivors Committee members at Los Angeles, I found that there are still many victims in the United States suffering from radiation effects without any aid or support.

My experiences then, however, are nothing compared to those other victims who were hit directly and are experiencing a living death. Thirty-three (33) years passed since the bombs. It was a long time ago. But since then, many victims have died while others are still suffering from the atomic bomb radiation doses. I cannot understand why the American a-bomb survivors are completely ignored. Most of them are American citizens.

Many of the American-born Japanese (Nisei) were attending schools in Japan when the war broke out and were obliged to remain there until after the war. Many other Nisei had returned to Japan with their Japanese immigrant (Issei) parents immediately before the war due to anticipated "precautionary" measures that eventually resulted in the placement of West Coast Japanese Americans in relocation camps. Of those Nisei who returned to Japan, many were residing in Hiroshima. The healthiest of American survivors returned to the United States; however, most of them, subsequently, have been in poor health.

The survivors—traumatized by the bombing—were bitter for a long time. Some hated America for having caused the suffering, but after long years this bitterness has changed to a fierce sense of dedication to work for peace.

Life must go on. The Japanese American survivors want to forget what has happened and live as normally as possible. Americans do not want to be reminded of the effects of the bombing, and have done much to help the a-bomb survivors in Japan, paying for most of the medical research and examination of victims for many years.

After the termination of World War II, and from 1947, based on the Science and Medical Survey Team's recommendation, the National Academy of Sciences' National Research Council organized the Atomic Bomb Casualty Commission to commence scientific research activities in both Hiroshima and Nagasaki. Our government has spent more than \$80 million for this A.B.C.C. (renamed the Radiation Effects Research Foundation in April, 1975). Because R.E.R.F. is a research organization, medical treatment is as a rule received at an institution of medical care. R.E.R.F., however, contributes to medical care indirectly as well as directly toward a-bomb survivors in Japan.

As an American, I am proud of R.E.R.F. and its research and studies on the medical effects of radiation on human and on diseased which may be affected by radiation, with a view to contributing to the maintenance of the health and welfare of atomic bomb survivors and to enhancement of the health of all mankind. R.E.R.F. has been carrying out health examinations of atomic bomb survivors in Japan, but not for victims in the United States who are American citizens.

Fortunately, the survivors in Japan are provided free medical checkups, treatments, and disability payments by the Ministry of Health and Welfare. About 260,000 survivors are recipients of these benefits. This aid is not for American survivors. Ironically, the survivors of the atomic bomb living in the United States have been left out. We can only surmise that our government has ignored them.

After many appeals for aid, these survivors began to surface. The Atomic Energy Commission requested the Oak Ridge National Laboratory to seek out American survivors. The 1976 report of the Oak Ridge National Laboratory documents the existence of atomic bomb survivors in the United States and relates the varying degrees of exposure suffered by these victims. Those who received high doses of exposure to radiation, such as 400 to 510 rads, have a real need to receive treatment by medical experts.

There are an estimated 1,000 survivors of the atomic bomb residing in the United States today. Of this number, only about 400 can be located. Many American victims have been unwilling to declare themselves, because of the "stigma" attached to their condition. Many have employment problems, unable to marry, and have to deal with genetic damage which varies with the doses of radiation received. The most difficulty is to obtain health and life insurance.

A lady from Northern California sent me this statement and asked me to promise not to reveal her name or her insurance company name, because she fears losing her insurance. This lady's medical cost for the last five years is \$16,833.27. Since her insurance has paid \$10,624.91, her actual payment is \$6,208.36. It is an extremely high cost for the average American. She has received official recognition from the Minister of Japanese Health and Welfare that said her injury and illness is attributable to the harmful effects of the atomic bomb. Of course, she can obtain free medical care and a good amount of financial aid if she lives in Japan.



(If time is allowed, I will read her statement).

What is the worst thing that can happen to you? A special nationwide survey of the U.S. by Gallup Poll (1976) shows CANCER to be the most feared affliction (58 percent, with blindness next (18 percent) and heart disease third (9 percent). The researchers of the Radiation Effects Research Foundation say the only real finding so far is that radiation produces cancer. The higher the radiation dosages received, the greater danger of cancer. Most American Hibakusha who passed away in recent years had cancer.

The victims dealing with great psychological tension are afraid they will succumb to the same diseases as their relatives and friends who were fatal victims. Also they were made to suffer more by the remorse on having alone survived among the many who died; by the strain, anxieties and fear of the largely unclarified radiation effects; and by the unfounded discrimination arising from man's first experience of the atomic bomb. Their suffering and agony are continuing without end.

I would like to tell you this true story for my last appeal. A lady called me by phone. "Mr. Kuramoto, thank you very much for your kind effort. I am going to Japan to care for my health, because I cannot obtain any health insurance here with my poor health. I had been insured under my husband's group insurance. However, after he retired from the job, no insurance will cover me. It is too expensive to care for my bad health without any insurance. Since Japanese government will take care of me at any cost, my husband agreed to go to Japan to live with me. Mr. Kuramoto, I really do not want to go to Japan. I love this country and I wish to stay here until I die. You know I was born at Sacramento and all my relatives are living here. I love this beautiful State of California. I will come back as soon as the bill passes and becomes laws. Please let me know when that time comes. Then I will see you again, Mr. Kuramoto.

The lady's dream, however, never will come true, because her fifty-six (56) years of life was ended after a few months in Japan. She was doomed to pain and misfortune until she died. This inhumane tragedy eliminated the human right to live. Please protect all American citizens rights to live here.

Billions of dollars are used to produce weapons like the H-bomb, N-bomb, poison gas and chemical bombs to kill and destroy human beings. The American survivors are requesting a very small amount of those funds to ease their agonies. The issue is not whether the bomb should have been dropped—or whether the United States should help only the Japanese survivors of the bombing—the issue is whether the American government can assist a small number of American survivors living today.

I am appealing to you to aid these people in the spirit of true love. Thank you.

Mr. DANIELSON. And you were going to leave us, sir, a copy of the statement that the lady which we have agreed to put into the record. Would you leave that with the reporter, please? Thank you very much.

We will now have some testimony from professionals who are involved in the atomic radiation disease. Our first witness is Dr. Mitsuo Inouye, president of the Japanese-American Medical Association here in Los Angeles. Dr. Inouye, would you please come forward? I think here he comes. Welcome, Doctor, won't you sit down and be as comfortable as you can, and—

Dr. INOUE. Thank you.

Mr. DANIELSON [continuing]. Help us out. Thank you.

#### TESTIMONY OF MITSUO INOUE, M.D., PRESIDENT, JAPANESE-AMERICAN MEDICAL ASSOCIATION, LOS ANGELES, CALIF.

Dr. INOUE. Mr. Chairman, committee members, and ladies and gentlemen, before I get to the formal part of my speech, I would like to say that I am here today, probably paying my dues to the atomic bomb survivors. When the atomic bomb fell, in August 6, 1945, I was in the Army. I was in the military intelligence, ready to be assigned to a military intelligence team for the invasion of Japan, and at that



time, I did have a sigh of relief, which eventually gave way to guilt, and I hope I will pay my dues today.

I am greatly honored to speak and testify before your august body, and am very mindful of the heavy responsibility placed before me today. I realize a lot of my talk here will be redundant, but I will go through with the formal talk here.

The atomic age was inaugurated on August 6 and 9, 1945, in Hiroshima and Nagasaki, Japan, respectively, and signaled an unqualified success for science, but a horrible disaster for mankind, as manifested by the sacrifice of 200,000 persons, without any distinction between civilian or military personnel, or among men, women, or children, or the guilty or guiltless.

Amongst them were many American citizens—namely, 20 American prisoners of war who perished—and amongst the survivors, we have approximately 1,000 persons residing in the United States today.

It is on behalf of this latter group, the Atomic Bomb Survivors in the United States, that we testify today, and speak to the issue of medical aid for them. In so testifying, I represent the Japanese-American Medical Association, as its president; as a physician who administers to the medical care of some of these survivors; as cochairman of the Health Consultation Clinic for Atomic Bomb Survivors in the United States, which was part of an overall health survey, by a medical mission of specialists from Japan, in March and April of 1977. My testimony today focuses on the health survey and the health consultation clinic held in April.

The health survey of atomic bomb survivors by a medical mission from Japan developed after a request from the atomic bomb survivors group in the United States, to the Minister of Health and Welfare in Japan. A need to evaluate and examine the plight of the American bomb survivors in the United States was established after much dialog.

A medical mission, under the private auspices of the Hiroshima Prefectural Medical Association, and the Radiation Effects Research Foundation, formerly the ABCC, working conjointly in the United States with the Los Angeles County Medical Association, the Japanese-American Medical Association, the atomic bomb survivors group, and many civic, private, and governmental agencies, was sent to conduct a health survey in California.

The health survey was initiated in Los Angeles, with a Health Consultation Clinic conducting a very thorough medical and laboratory examination of the survivors. Studies were also conducted in San Jose, San Francisco, and Sacramento, Calif., although the examinations were less extensive. About 100 survivors were included in this health survey, and I submit a summary of this survey, as follows:

The main complaints of the survivors were:

(a) A preoccupation with fear of illness and premature death, a residual of psychic scar—victims die in their minds daily from magnification of their illness or their psychosomatic ills.

(b) There are many rheumatic complaints, aches and pains in joints and connective tissue, and this occurred in 30 percent of males and about 11 percent of females.

(c) They complained of easy fatiguability,

(d) Greater susceptibility to disease, and

- (e) Many were slow in recovering from disease.
- (f) Many suffered from insomnia, as the aftermath of the atomic bomb holocaust.

The objective findings were as follows:

- (a) Hypertension occurred in about 27 percent of females and 10 percent of males.
- (b) The incidence of female gynecologic surgery appeared high.
- (c) A significant number had low white blood cell counts.

This survey determined unique problems within the atomic survivors group, as already previously mentioned. When identified as atomic bomb survivors, there were discriminating policies in employment, and in acquiring life and health insurance. Marriage prospects were dim. Victims became isolated within their community, who understood very little of their plight.

Fears prevailed regarding shortened life expectancy, and genetic effects on the children. Voluntary participation of survivors in this survey recognized the individual sensitivity to the issues at hand, and most importantly, reluctance to be identified as a survivor due to economic and societal pressures, and there was a low level of concern due to the distance from the hypocenter of the atomic bomb blast.

The health survey recognized the importance of followup clinics and surveys in the future, especially with regard to fears of illness and premature death. Atomic bomb survivors are our one most important source of material to close our void in the scientific knowledge related to atomic bomb radiation exposure.

Only through a concerted effort and greater participation of atomic bomb survivors can we analyze and get a complete picture of the experiences of the survivors regarding the atomic explosion, or analyze the impact on the lives of the bomb on the survivors by examination of the social, physical, and psychiatric problems of the victims, especially in relationship to sex, age, language barriers, alienation with families and society, isolation within the Japanese-American community, and the legacy of anti-Japanese hysteria in the United States.

This survey recognizes dangers of nuclear warfare and risks in the use of nuclear energy. Therefore, we need to learn more regarding long-term radiation effects on humans and disease that may follow.

Thus, it becomes important to follow the survivors throughout their entire lives. Lack of funds may preclude the means to this end.

Much financial aid has been given to Japanese nationals through the ABCC and the Radiation Effects Research Foundation in Japan, and to the Japanese fishermen exposed to the nuclear test bombs in the Marshall Islands, and to the natives of the Bikini Atoll exposed to radioactive fallout of the hydrogen test bombs, and more recently to personnel exposed to atomic bomb testing in Nevada and New Mexico test sites.

But what about our fellow Americans, survivors of the bombs in Hiroshima and Nagasaki? As Victor Hugo wrote many years ago, and I quote, "No army can stem the tide of an idea or thought whose time has come." For our atomic bomb survivors, our fellow Americans, it has been 32 years, 7 months, and 25 days since those fateful days of August 6 and 9, 1945.

I feel, for them, the time has come. Let us help them. Do not place them on an island isolated from their community. The problem is for

mankind, and as John Donne wrote 300 years ago, and in closing, I quote:

No man is an island, entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of their friends or of thine own were; any man's death diminishes me, because I am involved in mankind, and therefore never send to know for whom the bell tolls; it tolls for thee.

Thank you, gentlemen.

Mr. DANIELSON. Thank you, Doctor.

[The prepared statement of Dr. Mitsuo Inouye follows:]

#### STATEMENT OF DR. MITSUO INOUE

Mr. Chairman, Committee members, supporting organizations and Ladies and Gentlemen:

I am greatly honored to speak and testify before your august body, and am very mindful of the heavy responsibility placed before me.

The Atomic Age was inaugurated on August 8th and 9th, 1945, in Hiroshima and Nagasaki, Japan, respectively, and signalled an unqualified success for science, but a horrible disaster for mankind, as manifested by the sacrifice of 200,000 persons, without any distinction between civilian or military personnel, or among men, women or children, or the guilty or guiltless. Amongst them were many American citizens—viz, twenty American prisoners of war who perished, and amongst the survivors we have approximately 1,000 persons residing in the United States, today.

It is on behalf of this latter group, the Atomic Bomb Survivors in the U.S.A., that we testify today, and speak to the issue of medical aid for them. In so testifying, I represent the Japanese American Medical Association of Southern California, as its president; as a physician who administers medical care to some of the survivors; as an American who believes a moral obligation and responsibility to the American Survivors must be met and fulfilled; and, finally, as Co-Chairman of the Health Consultation Clinic for Atomic Bomb Survivors in the U.S.A. which was part of an overall Health Survey, by a medical mission of specialists from Japan, in March and April of 1977.

My testimony focuses on the Health Survey and Health Consultation Clinic.

The Health Survey of Atomic Bomb Survivors by a medical mission from Japan developed after a request, from the Atomic Bomb Survivors Group in U.S.A., to the Minister of Health and Welfare in Japan. A need to evaluate and examine the plight of the Atomic Bomb Survivors in the U.S.A. was established after much dialogue. A medical mission, under the private auspices of the Hiroshima Prefectural Medical Association and the Radiation Effects Research Foundation (formerly the A.B.C.C.), working conjointly in the U.S.A. with the Los Angeles County Medical Association, the Japanese-American Medical Association, the Atomic Bomb Survivors in U.S.A. group, and many civic, private and governmental agencies, was sent to conduct a health survey in California. The Health Survey was initiated in Los Angeles, with a Health Consultation Clinic conducting a very thorough medical and laboratory examination of survivors. Studies were also conducted in San Jose, San Francisco and Sacramento, California, although the examinations were less extensive. About one hundred survivors were included in the Health Survey.

A summary of this Survey is presented here:

I. The main complaints of the survivors were:

A. a preoccupation with fear of illness and premature death, a residual of "psychic scar"—victims die in their minds daily from magnification of their illnesses or their psychosomatic ills.

B. "Rheumatic complaints"—ache and pains in joints and connective tissues. This occurred in 30 percent of males and 11 percent of females.

C. Easy fatigability.

D. Greater susceptibility to disease.

E. Slower recovery from disease.

F. Many suffer from insomnia—as the mental picture of the atomic bomb holocaust never fades.

## II. The objective findings were:

A. Hypertension occurred in 27 percent of females, and 10 percent of males.

B. Incidence of female gynecologic surgery appeared high.

C. A significant number had low white blood counts.

## III. This Survey determined unique problems within the Atomic Bomb Survivors Group:

A. When identified as A.B.S., there were discriminating policies in employment.

B. When identified as A.B.S., acquiring life and health insurance became difficult.

C. When identified as A.B.S., marriage prospects were dimmed.

D. Victims became isolated within their own community who understood very little of their plight.

E. Fears prevailed re shortened life expectancy and genetic effects on their children.

F. Voluntary participation of survivors in this survey recognized the individual sensitivity to the issues at hand—and most importantly—

1. Reluctance to be identified as a survivor due to economic and societal pressures.

2. Low level of concern due to the distance from the hypocenter of the atomic bomb blast.

## IV. The Health Survey recognized the importance of follow-up clinics and surveys in the future:

A. A.B.S. fears re illness and premature death persists very strongly.

B. A.B.S. are our one important source of material to close our void in the scientific knowledge related to atomic bomb radiation exposure.

C. Only through concerted effort and greater participation of A.B.S., can we analyze and get a complete picture of:

1. Experiences of A.B.S. re the atomic explosion;

2. or analyze the impact on the lives of the bomb on A.B.S., by examination of the social, physical and psychiatric problems of the victims, especially in relationship to sex, age, language barriers, alienation with families and society, isolation within the Japanese-American Community, and legacy of anti-Japanese hysteria in the United States.

D. This survey recognizes dangers of nuclear warfare, and risks in the use of nuclear energy. Therefore, we need to learn more re longterm radiation effects on humans and disease that may follow. Thus, it becomes important to follow A.B.S. throughout their entire lives. Lack of funds may preclude the means to this end.

Much financial aid has been given (1) to Japanese Nationals through the A.B.C.C. and the R.E.R.F. in Japan, (2) to Japanese fishermen exposed to the nuclear test bombs in the Marshall Islands, (3) to the natives of the Bikini Atoll exposed to radioactive fallout of the hydrogen test bombs, and (4) to personnel exposed to atomic bomb testing in Nevada and New Mexico test sites.

But what about our fellow Americans, survivors of the bombs of Hiroshima and Nagasaki? As Victor Hugo wrote many years ago—"No Army can stem the tide of an idea or thought whose time has come." For our A.B.S., our fellow Americans, it has been 32 years, 7 months, and 25 days since that fateful day of August 6th and 9th, 1945. I feel, for them, the time has come. Let us help them. Do not place them on an island isolated from their community. The problem is for mankind, and as John Donne wrote 300 years ago: "No man is an island, entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as if a manor of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee."

Thank you for your kind attention.

Respectfully submitted,

MITSUO INOUE, M.D.,

*President, Japanese American Medical Association, Co-Chairman, Health Consultation Clinic for Atomic Bomb Survivors in U.S.A.*

Mr. DANIELSON. Mr. Roybal has had to leave us temporarily, although he hopes to get back. The Chair will now recognize Mr. Mineta. Mr. MINETA. Thank you very much, Mr. Chairman.

Dr. Inouye, I want to thank you for having introduced the resolution that the AMA finally passed in support of this bill, and through your leadership with Dr. Horowitz, to get, frankly, the American Medical Association to endorse this bill I think is really a great credit to your obvious professional standing and recognition by your own peers.

Dr. INOUE. Thank you.

Mr. MINETA. In your statement on the second page, you noted that rheumatic complaints, and that it was much higher in the males than in the females. Is there any reason for that?

Dr. INOUE. We haven't drawn any conclusions as to why that is. Perhaps in future clinics we may.

Mr. MINETA. On the third page, down at the bottom, you also indicate that it is important that we analyze the impact on the lives of the bomb—on the atomic bomb survivors—by examination of the social, physical, and psychiatric problems of the victims.

The problem—at least not problem, but at least in the case of this bill, we are talking about a physical illness or an injury. Do you have any comments about that portion of the bill that limits it to physical illness or injury?

Dr. INOUE. From a political sense, I realize that you must disassociate the physical from the mental, but as a physician, there is no way you can fragment away physical from the mental. It is all part of one, and I do not know how to resolve a medical man's thinking from the political thinking.

Mr. MINETA. A lot of these, in terms of rheumatic complaints, what about cervical, or any kind of back kinds of problems? Was this something that you found in the health survey? You noted the gynecological problems. I believe I saw some reference to the anemia, in terms of the survivors, on this health survey. What about cervical, or the kind of back problems, or any other kind of orthopedic-type problems?

Dr. INOUE. Yes; well, much of the actual examination of the 36 or 40 victims that were surveyed in Los Angeles, we didn't come up with any such definite physical findings. However, much of these complaints were noted in the questionnaires, in the other 70 victims that were not really checked thoroughly, and again, I think that has to be answered in the future, perhaps with more health consultation clinics.

Unfortunately, the random sampling was very small, so one cannot make any definite statistical conclusions from these data. We need more examinations.

Mr. MINETA. In your own professional pursuit, or in the professional treatment of victims of the atomic bomb, and let us say where those people are covered by Blue Cross, or medicare, medicaid, or any other insurance company, have you had any problems in processing of those claims?

Dr. INOUE. Not to my knowledge. Fortunately, most of them that I take care of, which are about seven or eight, are working, and they are covered by group insurance, and I believe one person has had lung problems subsequent to radiation, and who is not—he has a rider on his insurance that they will not cover that aspect of illness.

Mr. MINETA. Well, doctor, I want to thank you again for your leadership and what you have been able to do getting that AMA resolution on this bill, and again for your continued treatment of the atomic bomb survivors, thank you very much, Dr. Inouye.

Dr. INOUE. Thank you.

Mr. DANIELSON. Thank you. I have only one question. On page 3 of your report, under "objective findings"—I guess I have two—you say hypertension occurred in 27 percent of the females, and 10 percent of the males. What would be the normal incidence of hypertension of people of the same age group? In other words, everything the same except no atomic bomb exposure?

Dr. INOUE. Well, comparing the survivors to the normal American population, it is probably 40 percent higher. However, if we compare them to populations in Hawaii, it might be very equal or slightly more, and this is a thing we have to bring out, whether there is a significance here or not, and this is what we should find out, but it is higher than the American population, but it may not be higher than the Japanese population in Hawaii or here, that is not exposed.

Mr. DANIELSON. In other words, although 40 percent is obviously a signal that you have to look into this—

Dr. INOUE. Yes.

Dr. DANIELSON [continuing]. And evaluate it, it does not necessarily compel a finding—

Dr. INOUE. That is correct.

Mr. DANIELSON [continuing]. That the hypertension results from the radiation.

Dr. INOUE. Yes. I think it does signal a point that we have to look into it more.

Mr. DANIELSON. Thank you. And the other one was point C there, a significant number had low white blood counts. To the best of your recollection, what was the percentage that had the low white blood counts, and would that differ from the rest of the population?

Dr. INOUE. Out of the 37 or 36 victims we did check, I believe there were about 8 that had significant low white cell counts, so that would make it about 30 percent—8 out of 36, or maybe 25 percent.

Mr. DANIELSON. Is that significantly more than for the average population?

Dr. INOUE. I would say so, but again, we are dealing with very small numbers, and I don't think it is a valid—you cannot make a valid conclusion, but there are indications that we should be looked into more.

Mr. DANIELSON. I think this makes a point I am trying to make. You have indications of departures from the norm in physical evaluation—

Dr. INOUE. Yes.

Mr. DANIELSON [continuing]. Health evaluation, but it would only be through the accumulation of a data bank of—

Dr. INOUE. Yes.

Mr. DANIELSON. [continuing]. These health factors that we would be able to understand whether or not there is a relationship between the radiation, or is not—

Dr. INOUE. That is correct.

Mr. DANIELSON [continuing]. And if so, well what can evolve with a lapse of time. As a doctor, you would find that that would be a valuable addition to our store of medical knowledge, I assume.

Dr. INOUE. Yes; very valuable.

Mr. DANIELSON. Well, Doctor, I have no other questions. We thank you very much.

Dr. INOUE. I thank you for having me come. Thank you.

Mr. DANIELSON. Good to have you here.

Dr. Yamamoto, Dr. Joe Yamamoto, director of the UCLA Adult Ambulatory Care Services. Come forward, please, Dr. Yamamoto. We want to hear from you.

### **TESTIMONY OF JOE YAMAMOTO, M.D., DIRECTOR, UCLA ADULT AMBULATORY CARE SERVICES, LOS ANGELES, CALIF.**

Dr. YAMAMOTO. Thank you, sir. I appreciate this opportunity to testify on behalf of the Roybal-Mineta bill. The reason I am in favor of the bill is that I think the survivors are victims who have suffered both physically and emotionally, and I want to focus on the emotional aspects.

Some years ago, Prof. Robert J. Lifton, Foundation Son Professor at Yale, wrote a book entitled, "Death and Life," about the atom bomb survivors.

What he did was to study a selected sample in Japan, and he published the results of his findings. Let me briefly recapitulate these for you.

Mr. DANIELSON. Doctor, please do. I am going to make this suggestion. In order that our record can be accurate, would you mind if, after your testimony, that we made some copies of that data? I find that data gets confused sometimes in the record.

Dr. YAMAMOTO. I unfortunately don't have anything in writing, just some handwritten notes, which you are welcome to have.

Mr. DANIELSON. Oh, you have some. Very well. Proceed, sir.

Dr. YAMAMOTO. He found that the survivors had an extraordinary immersion in death, a lasting imagery of fear surrounding the possibility of radiation aftereffects, and a lifelong struggle to integrate the effect.

In Japan there was even a special term coined for the survivors, the Hibakushas. Dr. Lifton found that there was an element of guilt over surviving, with so many hundreds of thousands dying, the act of living caused feelings of guilt, the residual sense of victimization and a fear of abandonment.

Now, in interviewing the survivors, he found that they were doubly addressed, because not only did they have the experience of the holocaust at the time of the atom bomb, but then there was an epidemic, the invisible contamination, when people who seemed well after the bomb began to die.

They turned purplish, developed bleeding from all their orifices, and gradually died. This aroused in the mind of the people of Hiroshima a special terror, an image of a weapon which not only instantly kills thousands, but also leaves behind in the bodies of those exposed to the bomb, deadly influences which may emerge at any time and strike down their victims.



This, I think, is the basis for the emotional scarring of the survivors, that they had survived, but they survive in terror of lasting after-effects, and I believe that the bill is justice and recompense for this suffering.

The bomb also resulted in an increased incidence of leukemia, which again was another evidence of the time bomb within the bodies of the victims. I think this has then resulted in a consistent and persistent terror. You know, we all have fears of our own mortality and death, but the survivors especially suffer from this, and because of this, Dr. Lifton found that they were especially concerned about their bodies. In psychological language, they were hypochondriacal.

They had anxiety neuroses, so that, for example, one of the victims was telling us about the nightmare that he suffered. This is the sort of experience that results in night terrors which may persist for years, similar to what happens to men in combat.

There was an A-bomb disease that occurred after the bombing. Typically, the victims developed a life-long preoccupation about their white counts, that they might get low, or that they might develop leukemia.

They had bodily complaints, particularly that of weakness, to the point of greatly restricting their lives, or even being bedridden, in some instances.

So, what can we say about the lasting psychological, emotional effects of the A-bomb? I think we can say that this has left permanent and serious emotional scars, and I think in planning to help the victims, that this should be a part of the bill also. As a physician, I can't separate the physical from the emotional. I think you must be aware that the emotional scarring is significant. After I speak, Professor Iga has some data, which he has in writing. Let me stop at this point.

Mr. DANIELSON. Well, thank you very much, Doctor. Mr. Mineta?

Mr. MINETA. I have no questions, Mr. Chairman. I would like to thank Dr. Yamamoto very much for his work.

[Information follows:]

#### "DEATH AND LIFE" by Robert J. Lifton

##### *90,000 survivors*

... extraordinary immersion in death, lasting imagery of fear surrounding the possibility of radiation after effects, and lifelong struggle to integrate the event. ...

##### *Hibakusha*

Guilt over survival priority; residual sense of victimization, abandonment, and death guilt.

The epidemic—invisible contamination radiation sickness—aroused in the minds of the people of Hiroshima a special terror, an image of a weapon which not only instantly kills and destroys on a colossal scale but also leaves behind in the bodies of those exposed to it, deadly influences which may emerge at any time and strike down their victims.

Impaired body substance—A-bomb disease . . . leukemia 1948 . . . peak 1950-1952 cancer . . . endlessly susceptible.

##### *A-Bomb neurosis*

Life-long preoccupation with "A-bomb disease"—with blood counts and bodily complaints, particularly that of weakness—to the point of greatly restricting their lives or even becoming bedridden. More generally prone to hypochondriasis.

(P. 127) Anxiety neurosis—psychosis—organic brain damage.

(P. 168). A-Bomb Outcasts . . . discrimination against them both in marriage and employment. Death tainted are a threat, an enemy, and finally, an inferior breed.



Mr. DANIELSON. I join in thanking you, and—for your valuable time and information. Good luck to you. We will now call Dr. Mamoru Iga, professor of sociology at the California State University at Northridge. Dr. Iga?

**TESTIMONY OF MAMORU IGA, PH. D., PROFESSOR OF SOCIOLOGY,  
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, CALIF.**

Dr. IGA. I am Mamoru Iga, professor of sociology at the Cal State University, Northridge, and I would like to thank you all for this opportunity that I can do something for the people who have been suffering for so long. Thank you.

I am going to give a short report on the questionnaire which we administered to only 28 survivors, and of course as you know, 28 is a very, very small number, and they are not representative sample either, therefore, what I am going to say may not be really valid, but I hope I can suggest some program area, and in order to make it more valid, I think we should study a larger number of representative samples, particularly we have to compare what I am going to say with a general population, general Japanese in the Los Angeles area, and those atomic bomb survivors in Japan, and the comparable general population in Japan.

Anyhow, with that weakness in mind, I will proceed to give you some information.

Mr. DANIELSON. You just proceed, Doctor.

Dr. IGA. Thank you. First, the personal data.

I studied, of course, the 28, as I said, and their ages range from 34 to 81, with a median age of 48, and there are 10 males and 18 females. Now, 75 percent of the subjects are married, and 36 percent are the semiskilled and the skilled manual occupations, while about 10 percent are unskilled, and 25 percent are not working or are retired.

Fifty-seven percent are graduates of high school or college, while 18 percent had less than high school education, and 90 percent are Buddhists, and 10 percent Christians.

Now, about the physical difficulties. If you have the data sheet which I prepared, you can see pages 8 and 9. In general, the physical condition of a subject is good; at least, not abnormal. They do not seem to be significantly different from other Japanese people in the Los Angeles area.

But, there are some problems indicated in the questionnaire. There was a chronic stomach problem; rheumatic conditions, high blood pressure, headache, and backaches were reported quite high; but again, this cannot determine how significant these—this number is, primarily because of lack of sufficiently representative sample.

But, psychological conditions, the subjects' responses show greater problems. Nearly one out of every two complains of insomnia and forgetfulness, and is bothered by noise, probably indicating internal tension.

One out of every three is nervous, worries about future, and has much anxiety about life, and feels hopeless. One out of every five feels depressed, and these psychological problems are related to anxiety, which is one of the key elements of the subjects' personality.

About 60 percent of the subjects are very sensitive to criticism, and are slow to recover from the sense of failure. More than half state that their feelings are easily hurt. More than 40 percent change opinion in order to please other people and watch conduct at social gatherings to avoid criticism.

One of every three worries about other people's reaction to his deed. Anxiety is one of the key characteristics of the subject, and then another characteristic of the subject is mistrust. Mistrust, you may call it alienation. About half of the subjects have come to expect very little from others, and live just for today, rather than hoping for a better future.

About 40 percent believe that public officials are not concerned with the welfare of the public. Their mistrust is also indicated by such statements as, "People become successful because of lucky breaks," and "People become conceited with success."

Now, how do you explain their anxiety and mistrust? Apparently, according to my interview, my questionnaire, these things cannot be explained in terms of physical condition or social relations, or their self-conception, or developmental factors. Those people seem to be very normal, in terms of social relations, family relations, and in terms of developmental, what kind of childhood they led.

They seem to be very normal, so that made me point to one thing, which is pointed out already by Dr. Yamamoto. That is, as Robert J. Lifton said—found—in relation to atomic bomb survivors in Japan, that their anxiety and mistrust may be traced or related, closely related to their exposure to an atomic bomb.

Lifton says their anxiety, I quote, "comes from a lifelong sense of vulnerability to the grotesque death," and their deep mistrust is due to their wish for attention and protection, the fear of becoming over-dependent upon benefactors, and their suspicion of the insincerity underlying attention when it is given. These are Lifton's findings.

And another important cause of mistrust of these subjects seems to be in that they have a tendency to project their fear of contagion. Apparently, these subjects have a strong fear of contagion, due to this exposure to atomic energy, and they project that onto other people; therefore, other people probably will avoid contact with me, kind of dynamics.

And so, in Japan, this fear of contagion becomes a major cause of prejudice or stigma against atomic bomb survivors, but because of this prejudice and stigma, these people are given—probably not sufficient—these people are given plenty of attention, and financial assistance, or medical, psychological assistance, but those survivors in the United States apparently are not being prejudiced upon, as their counterparts in Japan are, but at the same time, these people seem to suffer from no attention. That is a form of prejudice, I believe.

Therefore, my conclusion is, these people who did go through such agony for such a long time, should deserve more attention, and some kind of, say, insurance, that in case their difficulties emerge, for some reason, then it could be taken care of by the Government. That is my wish and my conclusion. I hope you understood me.

MR. DANTELSON. Thank you, sir. I did, and I appreciate your assistance. What happened to Mr. Mineta?

Dr. IGA. After my talk, may I ask for your permission to get Professor Crowther to supplement what I said with his interpretation of MMPI?

[The prepared statement of Professor Iga follows:]

## A STUDY OF ATOMIC-BOMB SURVIVORS IN LOS ANGELES

(By Mamoru Iga, Jo Yamamoto, and Jack Crowther)

The objective of this study is to describe the Atomic-Bomb survivors living in Los Angeles, who volunteered to receive a medical check-up and to answer a questionnaire. The questionnaire was administered to 28 survivors at the City View Hospital in April, 1977, through the assistance of members of the Japanese-American Medical Association of Los Angeles.

### I. PERSONAL DATA

Our subjects' ages range from 34 to 81, with a median age of 48. There are 10 males and 18 females. Seventy-five percent of the subjects are married, and all marriages are their first ones. Thirty-six percent is in semi-skilled and skilled manual occupations, while about 10 percent are unskilled laborers, and 25 percent are not working or are retired. Fifty-seven percent are graduates of high school or college, while 18 percent had less-than-high-school education. Ninety percent are Buddhists and 10 percent Christians.

### II. PHYSICAL DIFFICULTIES

In general, the physical condition of our subjects is good. They do not seem to be significantly different from the general Japanese population in Los Angeles, in terms of the number of weeks bedridden, poor sight, deafness, being crippled, having heart problem, and cancer. Although their rates of chronic stomach problems, rheumatic conditions, high blood pressure, headache and backaches, are very high, we cannot determine the significance of this until our subjects are compared with other Japanese people in Los Angeles and with the Atomic-Bomb survivors in Japan.

### III. PSYCHOLOGICAL CONDITIONS

Our subjects' psychological conditions show more problems than their physical conditions do. Nearly one out of every two complains of "insomnia" and "forgetfulness," and is "bothered by noise," probably indicating internal tension. One out of every three is "nervous," "worries about future," "has much anxiety about life" and "feels hopeless." One out of every five feels depressed.

The psychological problems are related to a common element in their personalities—*anxiety*. About 60 percent of the subjects are very sensitive to criticism and are "slow to recover from the sense of failure." More than half state that "their feelings are easily hurt." More than 40 percent "change opinion in order to please other people" and "watch conduct at social gatherings to avoid criticism." One out of every three "worries about other people's reaction to his deed."

The high degree of anxiety is reinforced by a strong sense of mistrust. About half of the subjects "have come to expect very little from others," and "live just for today" rather than hoping for a better future. About 40 percent believe that "Public officials are not concerned with the welfare of the public." Their mistrust is also indicated by such statements as "People become successful because of lucky breaks" (39 percent) and "People become conceited with success" (43 percent).

How to explain such anxiety and mistrust? Generally, a psychological problem may be explained in terms of a person's physical condition, social relations, and developmental factors. However, as has been shown, our subjects' physical conditions are apparently normal, and at present there is no way to prove that our subjects are more prone to illness than the general Japanese in the same area.

Nor are their social relations abnormal. Their marital conditions and family relations are generally satisfactory. So is their relationship with friends. If there is any question it will be in religious involvement or nonreligious organizational

activities. Considering the tension reduction function of religion, non-religiosity may at least partly contribute to the psychological difficulties of our subjects. Only 3 percent of them attend religious services at least once a week, and only 4 percent read religious literature once a week or more. However, the relationship between religion and psychological problem cannot be established until we study a larger number of Atomic-Bomb survivors in Los Angeles, so that we can compare religious survivors and nonreligious ones living under comparable conditions. The lack of organizational membership and participation may be also related to psychological difficulty. Only 10 have membership in some nonreligious organization and only one attends its meetings regularly. However, the lack of organizational membership seems to be rather an effect of a psychological problem than its cause.

Developmental factors do not seem to explain our subjects' psychological problem either. Their personality, as indicated by childhood experiences and self-conception, does not show any abnormality. They generally had normal and happy childhoods. Virtually none of them had difficulties with their parents, teachers, and friends. Their self-conception, as indicated by the sense of own "usefulness" and the degree of satisfaction with life, is quite high. More than 80 percent of those who answered believe in their own usefulness to society, and about the same percentage enjoy their work. Nearly 80 percent also are happy or satisfied with their life in general, and satisfied with their present living conditions.

Thus, physical condition, social relation and developmental factors cannot be considered as major factors in the psychological problem of our subjects. This finding suggests that the problem may be closely related to the exposure to Atomic Bomb. The assumption is supported by Robert Jay Lifton, who characterizes A-Bomb survivors in Japan as being prey to intense anxiety and deep mistrust. Their anxiety is primarily, according to Lifton, due to "a life-long sense of vulnerability to the grotesque death (1967: 481). The deep mistrust is, Lifton contends, due to their wish for attention and protection, the fear of becoming overdependent upon benefactors, and their suspicion of the insincerity underlying attention, when it is given (1967: 511). This mistrust is also due to the tendency of the survivors to project upon others the fear of contagion. In marriage and employments the fear of contagion becomes a root of strong prejudice against A-Bomb survivors in Japan.

#### IV. SUMMARY AND CONCLUSION

According to the above description, our A-Bomb survivors seem to be quite normal in their personal backgrounds and physical conditions. However, their psychological condition is characterized by a high degree of anxiety and mistrust. Our study also shows, somewhat crudely, that their psychological difficulties cannot be explained in terms of physical condition, social relations and developmental factors. Therefore, a conclusion is that our subjects' anxiety and mistrust is, at least partly, due to their experience of being Atomic-Bomb victims, as Lifton pointed out with reference to the survivors in Japan.

What aggravates the suffering of the A-Bomb survivors in Japan is prejudice against them as a source of contagion. The survivors living in the United States may be largely spared from this prejudice. However, they are also deprived of the assistance, which their Japanese counterparts get. Considering psychological suffering which our subjects paid as a result of their unfortunate exposure to A-Bomb, there should be some insurance that their anxiety will be eased by some assistance. The assistance is primarily a reaction to prejudice and consequent guilt among many Japanese. It may be said that our subjects do not suffer from prejudicial attention but from the lack of it.

Finally it must be added that this study does not prove that our subjects' anxiety and mistrust are due to their exposure to Atomic Bomb. Before we can investigate the relationship between the two, we have to obtain the definitive characterization of a larger and more representative sample of about 300 A-Bomb survivors, who are said to live in the Los Angeles area, and compare them with the comparable general Japanese population in the same area, and also with A-Bomb survivors and the comparable general population in Japan.

## A-BOMB SURVIVORS IN LOS ANGELES

Total	Number 28	Percentage	
		Relative frequency, 100	Adjusted frequency, 100
A. DEMOGRAPHIC DATA			
Sex:			
Male.....	10	35.7	
Female.....	18	64.3	
Age:			
34 and below.....	1	3.6	
35 to 39.....	3	10.7	
40 to 44.....	3	10.7	
45 to 49.....	7	25.0	
50 to 54.....	7	25.0	
55 to 59.....	5	17.9	
60 to 69.....	1	3.6	
70 to 79.....	0	0	
80 to 89.....	1	3.6	
Marital status:			
Married.....	21	75.0	
Single.....	1	3.6	
Widowed.....	1	3.6	
Divorced.....	3	10.7	
Separated.....	2	7.1	
Occupation of family head:			
Middle professional, managerial, owners.....	1	3.6	
Lower professional, managerial, owners.....	4	14.3	
White-collar technical, self-employed.....	2	7.1	
Skilled manual workers.....	7	25.0	
Semiskilled.....	8	28.6	
Unskilled.....	2	7.1	
Not working; retired.....	4	14.3	
Occupation of respondent:			
Middle professional, managerial, owners.....	3	10.7	
Lower professional, managerial, owners.....	3	10.7	
White-collar technical; self-employed.....	2	7.1	
Skilled manual.....	7	25.0	
Semiskilled.....	3	10.7	
Unskilled.....	3	10.7	
Not working; retired.....	7	25.0	
Education of respondent:			
College graduate.....	1	3.6	
Part college.....	8	28.6	
High school graduate.....	7	25.0	
Part high school.....	7	25.0	
Junior high school.....	4	14.3	
Grade school.....	1	3.6	
Religious affiliation:			
Buddhism.....	25	89.3	
Christianity.....	3	10.7	
B. PHYSICAL DIFFICULTIES			
Number of weeks bedridden in the past year:			
1.....	4	14.3	
2.....	1	3.6	
3.....	1	3.6	
4.....	1	3.6	
Other; NR.....	21	75.0	
Times bedridden in the past year:			
1.....	2	7.1	
5.....	1	3.6	
8.....	1	3.6	
Other; NR.....	24	85.7	
Poor sight:			
Yes.....	8	28.6	
No.....	2	7.1	
Other or NR.....	18	64.3	
Deafness:			
Yes.....	4	14.3	
No.....	2	7.1	
Other; NR.....	22	78.6	
Crippled:			
Yes.....	2	7.1	
No.....	3	10.7	
Other; NR.....	23	82.1	
Heart problem:			
Yes.....	2	7.1	
No.....	3	10.7	
Other; NR.....	23	82.1	

## A-BOMB SURVIVORS IN LOS ANGELES—Continued

Total	Number	Percentage	
		Relative frequency, 100	Adjusted frequency, 100
Chronic stomach problem:			
Yes	6	21.4	
No	2	7.1	
Other; NR	20	71.4	
Rheumatic:			
Yes	5	17.9	
No	2	7.1	
Other; NR	21	75.0	
High blood pressure:			
Yes	6	21.4	
No	2	7.1	
Other; NR	20	71.4	
Cancer:			
Yes	1	3.6	
No	4	14.3	
Other; NR	23	82.1	
Other major diseases:			
Yes	13	10.7	
No	3	10.7	
Other; NR	22	78.6	
Short breath:			
Yes	5	17.9	
No	3	10.7	
Other; NR	20	71.4	
Elimination difficulty:			
Yes	2	7.1	
No	3	10.7	
Other; NR	23	82.1	
Recurrent headache:			
Yes	10	35.7	
No	18	64.3	
Recurrent backache:			
Yes	7	25.0	
No	2	7.1	
Other; NR	19	67.9	
C. PSYCHOLOGICAL PROBLEMS			
Insomnia:			
Yes	12	42.9	92.3
No	1	3.6	7.7
Other; NR	15	53.6	
"Sense of hopelessness":			
Yes	10	35.7	
No	18	64.3	
Other; NR			
Bad dreams:			
Yes	7	25.0	87.5
No	1	3.6	12.5
Other; NR	20	71.4	
Feel depressed:			
Yes	5	17.9	83.3
No	1	3.6	16.7
Other; NR	22	78.6	
Nervousness:			
Yes	9	32.1	90.0
No	1	3.6	10.0
Other; NR	18	64.3	
Poor appetite:			
Yes	1	3.6	
No	6	21.4	
Other; NR	21	75.0	
Worry about future:			
Yes	9	32.1	75.0
No	3	10.7	25.0
Other; NR	16	57.1	
Much anxiety about life:			
Yes	9	32.1	81.8
No	2	7.1	18.0
Other; NR	17	60.7	
Forgetful:			
Yes	11	39.3	91.7
No	1	3.6	8.3
Other; NR	16	57.1	
"Bothered by noise":			
Yes	11	39.3	84.6
No	2	7.1	15.4
Other; NR	15	53.6	

See footnote at end of table.

## A-BOMB SURVIVORS IN LOS ANGELES—Continued

Total	Number	Percentage	
		Relative frequency, 100	Adjusted frequency, 100
D. SOCIAL RELATIONS AND INTERESTS			
Marital condition:			
Satisfactory	17	60.7	85.0
Not satisfactory	3	10.7	15.0
Other; NR	8	28.6	
Reasons for unsatisfactory marital relations:			
Too long separation	2		
Personality conflict	1		
Family relations:			
Satisfactory	23	82.1	95.8
Not satisfactory	1	3.6	4.2
Other; NR	4	14.3	
Most satisfying family relations—with:			
Spouse	2		
Children	13		
Sibling	1		
Contact with family members:			
Daily	2	7.1	
Weekly	13	46.4	
Monthly or less	12	42.9	
Other; NR	1	3.6	
Relation with friends:			
Good	21	75.0	91.3
Poor	2	7.1	8.7
Other; NR	5	17.9	
Contact with friends:			
Daily	11	39.3	
Weekly	10	35.7	
Monthly	3	10.7	
Other; NR	4	14.3	
Relationship with youth:			
Good	18	64.3	
Not good	10	35.7	
Contact with young people:			
Daily	11	39.3	55.0
Weekly	8	28.6	40.0
Monthly	1	3.6	5.0
Other; NR	8	28.6	
Leisure-time activities: 1st choice:			
Physical (e.g., gardening)	10	35.7	
Sedentary (e.g., TV)	10	35.7	
Craft and art	4	14.3	
Other; NR	4	14.3	
Leisure-time activities: 2d listed:			
Physical	2	7.1	
Sedentary	3	10.7	
Commercial	2	7.1	
Craft and art	2	7.1	
Parties	17	60.7	
Frequency of leisure-time activities:			
Daily	15		
Weekly	9		
Other	5		
Like music:			
Yes	19	67.9	95.0
No	1	3.6	5.0
Other	8	28.6	
Like art:			
Yes	12	42.9	
No	16	57.1	
Other; NR			
Church attendance:			
Once a week or more	3	10.7	12.0
Less than once a week	22	48.6	88.0
Other; NR	3	10.7	
Religious readings:			
Daily	2	7.1	8.0
Once a week or more (not daily)	2	7.1	8.0
Less than once a week	21	75.0	84.0
Other; NR	3	10.7	
Organizational membership:			
None	10	35.7	37.0
1 to 3	13	46.4	48.1
4 or more	4	14.3	14.8
Other; NR	1	3.6	
Nature of organization:			
Social, fraternal	7	25.0	46.7
Business	3	10.7	20.0
Military	1	3.6	6.7
A-Bomb Survivors Association	4	14.3	26.7
Other; NR	13	41.4	

## A-BOMB SURVIVORS IN LOS ANGELES—Continued

Total	Number 28	Percentage	
		Relative frequency, 100	Adjusted frequency, 100
Meeting attendance:			
Regularly.....	1	3.6	-----
Occasionally.....	20	71.4	-----
Seldom or never.....	7	25.0	-----
E. SELF-CONCEPT			
Sense of own usefulness:			
Yes.....	13	46.4	81.3
No.....	1	3.6	6.3
Can't say.....	2	7.1	12.5
Other; NR.....	12	42.9	-----
Reason for the sense of own usefulness:			
Skill, competence.....	5	17.9	-----
"My work benefits community".....	1	3.6	-----
Pride in work.....	2	7.1	-----
Liking to work.....	1	3.6	-----
Other; NR.....	4	-----	-----
Enjoy work:			
Yes.....	13	46.4	76.5
No.....	4	7.1	23.6
Other; NR.....	11	39.3	-----
Why enjoy work?			
Confidence, competence.....	2	7.1	-----
Satisfaction from work.....	3	10.7	-----
Work appreciated by people.....	3	10.7	-----
Physical activity.....	2	7.1	-----
Other; NR.....	3	10.7	-----
Place of residence:			
Own home.....	25	89.3	-----
Other.....	3	10.7	-----
Attitude toward present living conditions:			
Satisfactory.....	22	78.6	88.0
Not satisfactory.....	3	10.7	12.0
Other; NR.....	3	10.7	-----
Attitude toward life in general:			
Happy.....	13	46.4	52.0
Satisfied.....	10	35.7	40.0
Dissatisfied or unhappy.....	2	7.1	8.0
Other; NR.....	3	10.7	-----
F. DEVELOPMENTAL BACKGROUND			
Happy childhood:			
Yes.....	23	82.1	88.5
No.....	3	10.7	11.5
Other; NR.....	2	7.1	-----
Number of family members:			
Less than 5.....	5	17.8	21.7
5 or 6.....	6	21.4	26.0
7 to 9.....	8	28.5	34.7
10 or more.....	4	14.3	17.3
Other; NR.....	5	17.9	-----
Problem with family member?			
Yes.....	1	3.6	-----
No.....	25	89.3	-----
Other; NR.....	2	7.1	-----
Problem with teacher?			
Yes.....	0	0	-----
No.....	24	85.7	-----
Other; NR.....	4	14.3	-----
Problem with friends?			
Yes.....	1	3.6	-----
No.....	24	85.7	-----
Other; NR.....	3	10.7	-----
G. ANXIETY SYMPTOMS			
Do you agree to the following statements?			
"I feel the need to make excuses for behavior":			
Yes.....	5	17.9	20.8
No.....	19	67.9	79.2
Other; NR.....	4	14.3	-----
"Criticism to my face makes me feel very low":			
Yes.....	19	67.9	79.2
No.....	5	17.9	20.8
Other; NR.....	4	14.3	-----
"I change opinion in order to please other people":			
Yes.....	12	42.9	50.0
No.....	12	42.9	50.0
Other; NR.....	4	14.3	-----



## A-BOMB SURVIVORS IN LOS ANGELES—Continued

Total	Number	Percentage	
		Relative frequency, 100	Adjusted frequency, 100
"I worry about other people's reaction to my deed":			
Yes.....	9	32.1	39.1
No.....	14	50.0	60.9
Other; NR.....	5	17.9	.....
"I watch conduct at social gatherings to avoid criticism":			
Yes.....	12	42.9	50.0
No.....	12	42.9	50.0
Other; NR.....	4	14.3	.....
"I am slow to recover from failure":			
Yes.....	16	57.1	66.7
No.....	8	28.6	33.3
Other; NR.....	4	14.3	.....
"Sometimes I tell a lie around friends":			
Yes.....	5	17.9	20.8
No.....	16	57.1	66.7
Can't say.....	3	10.7	56.5
Other; NR.....	4	14.3	.....
"My feelings are easily hurt.":			
Yes.....	15	53.6	62.5
No.....	9	32.1	37.5
Other; NR.....	4	14.3	.....
"I have confidence in solving problems generally.":			
Yes.....	15	53.6	62.5
No.....	7	25.0	29.2
Can't say.....	2	7.1	8.3
Other; NR.....	4	14.3	.....
"I discuss problems with others":			
Very often.....	7	25.0	30.4
Occasionally.....	15	53.6	65.2
Seldom or never.....	1	3.6	4.3
Other; NR.....	5	17.9	.....
H. ALIENATION SCALE			
Do you agree to the following statement?			
"I feel college students are not mature":			
Yes.....	8	28.6	36.4
No.....	12	42.9	54.5
Can't say.....	2	7.1	9.1
Other; NR.....	6	21.4	.....
"People become conceited with success":			
Yes.....	12	42.9	57.1
No.....	9	32.1	42.9
Other; NR.....	7	25.0	.....
"I have come to expect very little from other people":			
Yes.....	13	46.4	56.5
No.....	10	35.7	43.5
Other; NR.....	5	17.9	.....
"Success come primarily from good breaks":			
Yes.....	11	39.3	47.8
No.....	51	39.3	47.8
Can't say.....	1	3.6	4.3
Other; NR.....	5	17.9	.....
"People cause their own misfortune":			
Yes.....	5	17.9	25.0
No.....	13	46.4	65.0
Can't say.....	2	7.1	10.0
Other; NR.....	8	28.6	.....
"Public officials are not concerned with the public":			
Yes.....	11	39.3	47.8
No.....	11	39.3	47.8
Can't say.....	1	3.6	4.4
Other; NR.....	5	17.9	.....
"I live just for today; We cannot count on tomorrow.":			
Yes.....	13	46.4	56.5
No.....	9	32.1	39.1
Can't say.....	1	3.6	4.3
Other; NR.....	5	17.9	.....
"I don't know who to count on.":			
Yes.....	8	28.6	34.8
No.....	11	39.3	47.4
Can't say.....	4	14.3	17.4
Other; NR.....	5	17.9	.....
"Life is getting worse.":			
Yes.....	7	25.0	31.8
No.....	14	50.0	63.6
Can't say.....	1	3.6	4.5
Other; NR.....	6	21.4	.....
"Since the world situation is as it is today, it is not fair to bring children into the world.":			
Yes.....	5	17.9	22.7
No.....	16	57.1	72.7
Can't say.....	1	3.6	4.6
Other; NR.....	6	21.4	.....

1 Kidney cases.

Mr. DANIELSON. Thank you very much. We have been hoping that we would have an opportunity to get the opportunity of Dr. Crowther's testimony, so we are going to take you up on that, but first I would like to give Mr. Mineta an opportunity to ask you a question, or make such comments as he chooses.

Mr. MINETA. Mr. Chairman, I have no questions, but I do want to thank you, Doctor, for your contribution toward the work of this committee, and thank you very much, Doctor.

Mr. DANIELSON. Thank you.

Dr. IGA. OK.

Mr. DANIELSON. And now we will call Dr. Jack Crowther. He was a coworker with you, I believe, Doctor, is that not right? Won't you please identify yourself for the record, since your name was not typed on our witness list?

**TESTIMONY OF JACK CROWTHER, PROFESSOR, SOCIOLOGY,  
CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, CALIF.**

Dr. CROWTHER. All right. My name is Jack Crowther. I am a professor of sociology, specializing in statistics, at California State University, Northridge. I have served basically as the statistician for this survey that has been made of the survivors.

I want to endorse, or add to, the comments made by Dr. Yamamoto, Dr. Iga, and Dr. Inouye, about the virtual impossibility of separating the physical and psychological aspects of the problems that might be encountered by the survivors, so what I have to say here will bear upon that part of it.

As a part of the survey, a standardized test of some 13 different aspects of personality was administered to the survivors. The test itself, the results of it, showed that the survivors were indistinguishable, on the face of it, from the general Japanese population. However, statisticians don't always pay attention just to the central measures, the averages. They look at how the distribution is inside, that is, how the people are grouped around the measures of central tendency and when we look at this, a statistic called the variance, we find some interesting conditions.

On these 13 different characteristics of personality that they were measured on, the survivors have a significantly different variance on 8 of the 13. Now, this would indicate that within the survivors who, as a group, were not distinguished from, say, the general population in Japan, within the group there must be several people, say, a disproportionate number of people, who have extreme measures on some of these characteristics, and they do exist. We have looked at them, and they indicate, I would say, the need for closer attention.

Unfortunately, though, our sample is so small that if we were to winnow out these few, a correlational study to associate it, say, with their physical conditions, and so forth, would not have any statistical value.

Therefore, I think, to pursue this further, I would urge your committee to give whatever support it can to some sort of a substantial study, say, involving something well over 100 survivors here, 100 survivors in Japan, matched with comparable general population Japanese here, and in Japan.

Then we could get at some of these things statistically, to see what they mean. This is the message that I would leave the committee with.

Mr. DANIELSON. Well, thank you very much. Mr. Mineta.

Mr. MINETA. Thank you, Mr. Chairman. Doctor, what are those 13 things you were looking at?

Dr. CROWTHER. The features of personality? Well, the test is called the Minnesota Multiphasic Personality Inventory, and basically it looks at defensiveness, hypochondriasis, depression, hysteria, tendency to psychopathic deviation, the masculinity/femininity balance as people assume their roles, tendency to paranoia, and so forth like this.

The most notable differences, that is, the widest variances——

Mr. MINETA. You said there were eight of those?

Dr. CROWTHER. Yes. The most pronounced ones were in the area of depression, and in the perception of their sexual, masculinity/femininity. Those were the most pronounced variance differences between them.

Mr. MINETA. And that being caused as to whether or not, genetically, they would be passing on some effects of radiation?

Dr. CROWTHER. The tendency to depression, that would have to be a medical problem beyond my expertise. I don't know whether it could be passed on that way or not.

Mr. MINETA. No; I was thinking of that masculinity/femininity. Is that something that gets attention, or becomes a factor here because they are afraid of the passing on of——

Dr. CROWTHER. Yes; this could be. One feature that they differed significantly on was the social introversion part of it. Now, this could be a direct result of their experience with being survivors, and that is the type of a social phenomenon that could be passed on to children socially. I mean, the children of these survivors could have social-psychological problems, too, from such things like that.

Mr. MINETA. Have you tested any of the children?

Dr. CROWTHER. Pardon?

Mr. MINETA. Have you interviewed any of the children?

Dr. CROWTHER. No; we haven't. What we find, more than anything else, is we need a bigger study, with more people in it. There just are not enough here to make all the breakdowns to get down to the smaller comparisons and measures of association. The sample is so small that by the time you even divide it into the two sexes, it is an awfully small comparison.

Mr. MINETA. Thank you very much, Dr. Crowther. Thank you, Mr. Chairman.

Mr. DANIELSON. Thank you, do you have a copy of that data available for our record, please?

Dr. CROWTHER. No; I am sorry, I don't. I put it together on the way down here.

Mr. DANIELSON. Unfortunately, it won't do much good for the other 433 Members of Congress, plus the 100 people over in the other body.

Dr. CROWTHER. I will see if I can summarize it and send it to you.

Mr. DANIELSON. Would you, please?

Dr. CROWTHER. Yes.

Mr. DANIELSON. Because if we could receive it, then, without objection, we will include it in the record. It really won't mean anything to our colleagues if they can't take a look at it.

Dr. CROWTHER. All right. I understand.

Mr. DANIELSON. The only other point I had, you made a comment right in the initial part of your presentation, that while statisticians do look at an average, the central number, but it is not necessarily the most interesting thing. Are you saying this, in effect, that you are interested in the distribution?

Dr. CROWTHER. Yes.

Mr. DANIELSON. Is this what you are saying, more or less, that on a scale of 1 to 100, 50 may be the average, but you might not find any 50's. You will have an awful lot of 80's and an awful lot of 20's, and although the average is 50, there is nobody there. Is that what you are talking about?

Dr. CROWTHER. Well, to put it in numbers, let us say that the Japanese normals basically had an average of 50, and none of them are lower than 40, and none of them are higher than 60. The survivors, here, had an average of 50, but many of them may have had scores as high as 80 or 90, and as low as 10 or 20.

Mr. DANIELSON. I guess we are saying the same thing. You are really not—the average is interesting, but there may not be very many people in that bracket. They may be way out on the two extremes.

Dr. CROWTHER. Often the average fails to detect a difference between two groups, and you must look at their internal variability.

Mr. DANIELSON. I see. Thank you very much for your help, Dr. Crowther, and I am sure you have a very interesting bunch of data, and we want to look at it when it comes in.

Dr. CROWTHER. Thank you for hearing me.

Mr. DANIELSON. Thank you, sir. We have with us today, fortunately, from Oak Ridge National Laboratory, Dr. John Auxier.

Dr. AUXIER. Yes, sir.

Mr. DANIELSON. OK, thank you. Dr. Auxier is Director of the Health Physics Division at Oak Ridge National Laboratory, Oak Ridge, Tenn. Won't you please come forward and give us the benefit of your comments, sir?

**TESTIMONY OF JOHN AUXIER, PH. D., DIRECTOR, HEALTH PHYSICS DIVISION, OAK RIDGE NATIONAL LABORATORY, OAK RIDGE, TENN.**

Dr. AUXIER. Thank you, Mr. Chairman, Mr. Mineta.

What I say will relate not just to the Japanese American part of the exposed population, but to the total. In other words, our studies were aimed at getting the dose to all the survivors of the bombings, but in that sense, these people are an integral part of the exposed population.

It was 10 years after the bombing before science and technology reached the stage of development at which it was possible to undertake definitive studies of the doses of the survivors.

Once it was commenced in 1956, it was pushed very aggressively, with major studies in Nevada, weapons tests, major calculations, and major studies in the laboratory. The emphasis was on obtaining three things, ultimately.

One was the dose in air as a function of the distance from the bomb. The second was the shielding provided by the house or other structure

in which the person was exposed, and finally, the dose to the various organs of the body.

Because the Hiroshima bomb was different from all others, and has never been fired before or since, it took 10 years of intensive calculations and experiments to get the radiation yield for that weapon.

These studies, plus numerous others in Japan, were necessary to obtain the shielding values for the various structures in and around which people were exposed, and several more years were required to calculate the doses to various organs, although these are not yet complete.

Of course, medical studies and documentation of the exact locations of the survivors at the instant of bombing have been going forward steadily in Japan, in each city, since soon after the end of the war.

With well-documented medical findings and accurate dose values, it has been possible to correlate dose and medical effects, and to use these results to estimate what the risks actually were, initially, to all of the survivors.

For chronic and acute leukemia, and for all other cancers combined, this has been done. The correlation is not, strictly speaking, between dose and effect, because neutron and gamma effects differ for a given dose. Therefore, other factors had to be incorporated.

It is now clear that the risk of all kinds of radiation-induced cancer is closely related to the number of cells killed in the various organs by the two types of radiation. The supporting information for this is included in the reference materials and slides. However, the risk can be stated somewhat oversimply as follows:

The total risk of all types of cancer, including leukemia, due to the radiation from the bombs, was 5 in 1 million each year for an exposure of 1 rad, 1 radiation unit.

A person exposed to 100 rads, for example, at a distance which would correspond to a distance of about 1,200 meters from the hypocenter, experienced a probability of some type of cancer of 1 in 2,000 per year, initially.

Those exposed closer were at somewhat greater risk, and those at greater distances, considerably less risk. Each exposed person was at some risk, but it should be emphasized that the absolute risk for most persons, compared to those associated with, for example, driving an automobile, are small.

The past tense has been used in discussing this, because the probability of leukemia has now decreased to approximately the level of the average in the Japanese population, regardless of the magnitude of the dose. The peak incidence rate for leukemia was about 8 years after the bombing, and has been decreasing steadily since.

Now, Mr. Chairman, with your indulgence, I have a series of slides which we could show very rapidly, not to give you scientific information, per se, or the members of the committee, but to give you the impression of the magnitude of the work that has gone on, in case that has a bearing on your deliberations, or, if you prefer not to, I could later provide photographs, glossy prints of such information, for including in the record.

Mr. DANIELSON. Well, I tell you what, Doctor, while you are getting your slides ready to show, I would like to acknowledge the presence and hear very briefly from a distinguished citizen who has been most

helpful to us. The Chair recognizes the Los Angeles county supervisor from the district which I have the privilege of representing, Supervisor Ed Edelman, and it is through his good offices that we obtained the use of this chamber today, and an abundance of other assistance. Ed, would you like to say something?

Mr. EDELMAN. Yes.

Mr. DANIELSON. As much time as you want.

### TESTIMONY OF ED EDELMAN, SUPERVISOR, LOS ANGELES COUNTY BOARD OF SUPERVISORS

Mr. EDELMAN. No; I don't—you are very kind, and thank you, George and members of the committee, Congressman Mineta, and Tom—Dr. Noguchi—I just want to welcome the subcommittee to Los Angeles County. Certainly this is an area which is something that is long overdue, and I commend your interest and your concern into this problem of the survivors of the atomic bombs that took place during World War II.

Certainly, the Japanese community is represented in the area that I represent, and on behalf of that community and the Anglo community also, we want to commend the committee and their efforts, and hopefully out of these hearings some good support for legislation will come about, so hopefully you have a good time in Los Angeles County, you enjoy the lunch, and come back again, George.

Mr. DANIELSON. Thank you. Don't make it too tempting, or we will be back pretty often.

Mr. EDELMAN. All right. Just don't run for supervisor.

Mr. DANIELSON. Thanks a lot, Supervisor Edelman. I promise not to. Thanks for your help.

Very well, Dr. Auxier. I see we have a man who knows about lights here. We are going to have a show, Supervisor Edelman, if you would like to take a look.

Dr. AUXIER. All right, sir. Because there are people here who are not intimately familiar with the situation, I will skip rapidly through some slides.

This is an aerial photograph, a detailed aerial photograph, of Hiroshima, made a few days before August 6, 1945, from an altitude of about 30,000 feet. This is the bomb that was dropped, the Little Boy, a linear implosion uranium bomb, and after the bombing, from about the same altitude, Hiroshima was destroyed.

Three days later, the Fat Man, a spherical implosion plutonium device, was dropped over Nagasaki, Zurakami Valley, with similar results, except of course it didn't get the whole city, it was only a part of the city.

One of the things that made our studies possible, and which we attribute to great good fortune, is the high degree of standardization in Japanese dwellings, and commercial residence-type dwellings. This one was built in Nevada, but it is a true in every sense Japanese structure.

We had to spend years developing technical hardware to do things, including measuring the spectrum of radiations in the field, and we were fortunate again that the good old physical universe behaves in the way it does, that is, the same way that the maximum density of

water is 4 degrees centigrade above freezing, we are fortunate that neutrons propagated through the air scatter in such a way that once they get to an equilibrium spectrum, it does not change with increasing distance.

Hardware to measure very intimately the details of a radiation field, the fact that radiation doesn't travel in straight lines for such long distances, and gets scattered.

An array of Japanese-type houses, radiation analogs of them, constructed in the Nevada desert to measure such things as the effect of the size of the house, its orientation relative to the bomb, and its shielding by neighbors. This is only one of several arrays.

From inside you can see the high degree of instrumentation required in numerous tests over the years, but the weapons moratorium came along in 1958, and we weren't through. We had some unsolved problems, so we took our health physics research reactor from the Oak Ridge National Lab, built a tower in Nevada, It is 1,527 feet high, to get it up where the bombs exploded, and repeated those measurements.

After 10 years or so of this sort of study, in 1965, we reached these air dose curves. The horizontal scale, or abscissa, is distance in meters from the hypocenter, the point under—from ground zero, and the vertical one is the dose in rads, the radiation unit I mentioned a moment ago, and you see at distances of 1,000 to 1,400 yards is that distance at which a 100 rads sort of dose is delivered.

To get the dose to people, though, we had to look in houses, and we did lots of analog studies of the angular and energy distribution in houses, and finally arrived at a way to calculate the dosage laboriously, and this scale, if we have more time, is just to indicate the accuracy with which we were able to accomplish that.

In order to make it easy to be done on a computer, simple questions were ultimately developed, that could be applied by the Japanese technicians in Hiroshima, and finally we got to the point, then, that we could find the incidence rate of, in this case, leukemia, as a function of the dose in rads, and you see it is a complex function. Even though this is a smooth curve, the vertical scale is logarithmic, and it flattens out at about the midlethal dose.

As you would expect, there can be no leukemia in dead people, so that the absolute maximum—is about 1 percent at the maximum dosage at which people can survive.

I mentioned we had to operate on the dosage, though, because neutrons and gammas are different. I don't expect you in a second to understand this, but just to show you that the two effects are remarkably different in killing cells. In this case the dose is on the horizontal scale, and the number of cells killed in this case, in the bone marrow, is shown on the vertical scale, and you translate that, then, into data such as these, which are unbelievably beautiful in terms of biological or human effects.

Normally for such poor statistics there would be numbers all over the page, but in this case, equating or showing leukemias, in incidence per year, versus the number of cells survived, for both Hiroshima and Nagasaki, is now, in this case for acute leukemia, easily fitted to a straight line with a high degree of certainty.

Again, a thing that was slow in understanding was that chronic leukemia and acute leukemia are different. In this case there are two

curves, two well-fitted curves with different slopes. Nagasaki's gamma rays produced chronic leukemia with much less incidence than did Hiroshima's neutrons. There were more neutrons in Hiroshima.

If you take the total malignancies, other than leukemia, all solid tumors, and lump them and put them on a scale, you get an equally good fit, in this case, everything but leukemia.

In a more practical sense, something that everyone can relate to, this is a yearly risk to a survivor initially, say, by 1950, if we had known this, we could have given the risk or the odds of someone getting leukemia, either acute or chronic, or getting cancer, and for example, this was a male survivor in Hiroshima who is still alive and in good health, but he had a total dose of 100 rads, 15 of which were neutrons, and at that time, the probability was 2 in 10,000 that he would get leukemia, each year, and it was 1.4 times  $10^{-4}$ , or  $1\frac{1}{2}$ , about, in 10,000, that he would get chronic leukemia.

With odds like that, of course, they were for a given individual strongly in his favor, and he did not get leukemia, or has not yet, and the probability is now much less. Thank you.

Mr. DANIELSON. Well, thank you very much, Mr. Auxier. I am going to be very honest with you. They were interesting pictures, but I didn't understand a darn one of them.

Dr. AUXIER. As I said, sir, I just wanted to give you an impression of the fact that we have looked at it.

Mr. DANIELSON. Right. I tell you what I am going to request. If you can provide us, please, with a set of black and white pictures—I say black and white, because if we choose to reproduce them it is easier. Would you kindly submit them to us? You can reach us in Washington.

Dr. AUXIER. I have plenty of black and whites.

Mr. DANIELSON. You know where to reach us, fine. Our all-knowing counsel, Bill Shattuck here, to your immediate right, can help you out on that.

I am going to, without objection, receive them into our file, as opposed to record, and then we can evaluate them later as to which would convey some meaning as to our people.

Dr. AUXIER. Right.

Mr. DANIELSON. I am sure that you folks down at Oak Ridge have all this data pretty well accumulated, and the interested scientists understand it. Heaven knows we don't understand it. So, if you will do that, we will be able to incorporate the portions which tell a story, at least, into our record, for the help of people, our colleagues in the Congress. Otherwise, they will just be kept in our file. Would that be all right?

Dr. AUXIER. Yes sir, and all of this information is included in the backup materials that we have made available to Dr. Noguchi's office, and he can furnish you everything from small books to a few pages.

Mr. DANIELSON. Will that be possible, Dr. Noguchi?

Dr. NOGUCHI. Yes.

Mr. DANIELSON. That is just fine. I think it is terribly important that we receive and preserve this information for the information of those who are able to understand it and do something with it. I just feel totally helpless when I look at—I didn't know if that was a Hollywood Freeway up there or what, but it just didn't mean too much.



Happily, my secretary, Susan Shiomi Beavers, is going to explain it to me afterward. Thank you very much.

Dr. AUXIER. Thank you.

Mr. MINETA. Mr. Chairman, if I might, before the doctor gets away.

Mr. DANIELSON. Sure. Oh, excuse me. Mr. Mineta.

Mr. MINETA. You were here when Dr. Inouye was testifying.

Dr. AUXIER. Yes, sir.

Mr. MINETA. Are you familiar with that health survey that was done by the team from Japan?

Dr. AUXIER. Yes; that was the physical part of it, the survey, was by members of our staff.

Mr. MINETA. Now, of course, the main complaint was the preoccupation with the fear of illness and premature death. The second was rheumatic complaints. You had a slide up here on marrow cells, and what was happening to those. Is that connected back to rheumatic complaints?

Dr. AUXIER. I don't know, sir. That is not in my field of competence. We are looking at the physical side, and the medical people are looking at that, and we will bring them together, but except for those in which we already have a correlation, I am just ignorant.

Mr. MINETA. Fine. Thank you very much, doctor.

Thank you, Mr. Chairman.

Mr. DANIELSON. I have no questions. I do thank you, and we will make as much use as we can of this material.

[The prepared statement of Professor Auxier follows:]

THE DOSIMETRY FOR AND RISKS TO THE PERSONS EXPOSED TO THE NUCLEAR BOMBINGS OF HIROSHIMA AND NAGASAKI

(By J. A. Auxier, Ph. D., Oak Ridge National Laboratory)

It was ten years after the bombings of Hiroshima and Nagasaki before science and technology reached the stage of development at which definitive dosimetry for the survivors appeared to be feasible. Once commenced, in 1956, the dosimetry related studies were conducted aggressively at both the practical and fundamental levels. The emphasis was on obtaining: (1) the dose in air as a function of distance from the bomb; (2) the shielding provided by various structures; and (3) the dose of the various organs of the body.

Because the Hiroshima bomb was different from all others and was never fired except at Hiroshima, ten years of extensive calculations and experiments, the latter chiefly at bomb tests, were required to obtain the exact radiation output of the bomb. These studies plus numerous others in Japan were necessary to obtain the shielding values for the various structures in and around which people were exposed. Several more years were required to calculate the doses to various organs though all of these are not complete.

Of course, medical studies and documentation of the exact locations of survivors at the instant of the bombing had been going forward steadily in each city soon after the end of the war. With well-documented medical findings and accurate dose values it has been possible to correlate dose and medical effects and to use these results to estimate what the risks actually were to all survivors. For chronic and acute leukemia and for all other cancers combined this has been done. The correlation is not, strictly speaking, between dose and effect because the neutron and gamma effects differ for a given dose. Therefore, another factor had to be incorporated. It is now clear that the risk of all kinds of radiation induced cancer is closely related to the number of cells killed in the various organs by the two types of radiation. The supporting information for this is included in the reference materials and slides. However, the risks can be stated, somewhat oversimply, as follows: The total risk of all types of cancer, including leukemia, due

to the radiation from the bombs was five in one million each year for an exposure of one rad. A person exposed to 100 rads, i.e., approximately 1200 meters from the hypocenter, experienced a probability of some type of cancer of one in 2,000 per year. Those exposed closer were at somewhat greater risk and those at greater distances considerably less risk. Each exposed person was at some risk, but it should be emphasized that the absolute risk for most persons compared to the risks associated with, for example, driving an automobile, is small. The past tense has been used in discussing risks because the probability of leukemia has now decreased to approximately the level of the average of the Japanese population regardless of the magnitude of the dose.

Mr. DANIELSON. We now move into a different area of witness. We have with us, from the community, Mr. Max Mont, vice president and chairman of the committee on legislation, of the Community Relations Conference of Southern California. Mr. Mont has been an extremely valuable contributor to community affairs for many years, and we welcome you, Mr. Mont, and ask you to just proceed with your presentation.

**TESTIMONY OF MAX MONT, VICE PRESIDENT AND CHAIRMAN, THE  
COMMUNITY RELATIONS CONFERENCE OF SOUTHERN CALI-  
FORNIA, LOS ANGELES**

Mr. MONT. Mr. Danielson and Mr. Mineta, thank you for your kind words, Mr. Danielson.

My name is Max Mont. I am testifying as a spokesman of the Community Relations Conference of Southern California, called the CRC frequently, which is comprised of some 95 organizations representing a broad spectrum of community interest. I am a vice president of the CRCSC and a chairman of its committee on legislation, as Mr. Danielson indicated.

The CRCSC supports H.R. 5150 and its successor bill, H.R. 10502. I think my testimony will be brief, but it is important, because it represents a view. It presents a view of organizations and individuals in the community who do not identify directly with a group that is involved and that is injured in this situation, and it is important to know what that public would say about this kind of situation if they learned the facts about it, and that is what I am trying to bring to you.

I am here to plead for Americans who have been forgotten for more than 30 years. These Americans should have had an early and compelling claim on our sympathy, our sense of humanity, our belief in equality, our support and assistance. It is time that this claim is honored.

I am speaking of American survivors of the first atom bomb blast and fallout, citizens and lawful permanent residents of the United States who were stranded in Japan during World War II, and experienced the atomic bombing of Hiroshima and Nagasaki in August 1945.

They may number between 1,000 and 1,200, mostly Americans of Japanese extraction, but also others. Japanese in Japan who suffered the effects of atom blasts and the fallout at Hiroshima and Nagasaki received comprehensive health care from their Government, but Americans who manage to do so must pay for travel to, and specialized care in, Japan at their own expense.

They receive no governmental assistance from the United States. In fact, general health and medical costs which they bear themselves are frequently increased when it is learned that they were in a blast area. Sometimes health insurance costs to them are raised, or they are deprived of health program participation entirely here.

You have already heard an analysis of H.R. 5150, which has been sponsored originally by Mr. Mineta and Mr. Roybal. This congressional bill is eminently fair, and strictly cost limited. Under it, only a proportion of survivors would qualify for aid; those who do not receive some other form of compensation, and it applies only to physical injuries attributable to the atomic bombing and fallout, and I might interpolate what I haven't got in my written remarks, that having myself at one time been afflicted by psychosomatic illness, I understand those who say that there are psychosomatic effects as well, but I do not want to complicate the political process of getting this passed, and so at the moment, I think the bill ought to adhere mainly to the matter of physical injuries.

The main obstacles to recognition of this problem, and enactment of the legislation, appear to be lack of public information and inertia, but also a subliminal uneasiness with the subject matter, and borderline prejudice, yet this is a clear issue of equity and equality of treatment in health care.

What other groups in America who suffer injury as a direct consequence or by-product of action by our Government would be simply ignored?

When people of good will hear of this problem, they respond to this plea for support affirmatively and eagerly. I believe that I am expressing the feeling of many groups beyond those of the Community Relations Conference of Southern California, and they are listed on the letterhead that you have before you, when I make that statement.

The principle is so great, the numbers of people involved so small, the facts so clear, we hope that this congressional committee, and then Congress, could act expeditiously, without the need for mobilizing great popular campaigns. We urge that American atomic bomb survivors be granted justice for their cause, and again I would hope that this can be done by a just Congress, a just Government, without the need for mounting a great public campaign across the United States. Thank you.

Mr. DANIELSON. Well, thank you, Mr. Mont.

[The prepared statement of Mr. Mont follows:]

**STATEMENT OF MAX MONT, VICE PRESIDENT AND CHAIRMAN, COMMITTEE ON LEGISLATION, COMMUNITY RELATIONS CONFERENCE OF SOUTHERN CALIFORNIA**

My name is Max Mont. I am testifying as a spokesman for the Community Relations Conference of Southern California (CRCSC), composed of 95 organizations representing a broad spectrum of community interest. I am a Vice-President of the CRCSC and chairman of its Committee on Legislation. The CRCSC supports H.R. 5150 and H.R. 10502.

I am here to plead for Americans who have been forgotten for more than 30 years. These Americans should have had a early and compelling claim on our sympathy, our sense of humanity, our belief in equality, our support and assistance. It is time that this claim is honored.

I am speaking of American survivors of the first atom bomb blast and fallout—citizens and lawful permanent residents of the United States who were stranded in Japan during World War II and experienced the atomic bombing at Hiroshima and Nagasaki.

They may number between 1,000 and 1,200, mostly Americans of Japanese extraction but also others. Japanese in Japan who suffered the effects of atom blast and fallout at Hiroshima and Nagasaki receive comprehensive health care from their government. But Americans who can manage to do so, must pay for travel to and specialized care in Japan at their own expense.

They receive no governmental assistance from the United States. In fact, general health and medical costs which they bear themselves are frequently increased, when it is learned they were in the blast area. Sometimes health insurance costs to them are raised or they are deprived of health program participation entirely here.

You have already heard an analysis of H.R. 5150 (Roybal and others). This Congressional bill is eminently fair and strictly cost-limited. Under it, only a proportion of survivors would qualify for aid—those who do not receive some other form of compensation.

The main obstacles to recognition of the problem and enactment of the legislation appear to be lack of public information, and inertia, but also a subliminal uneasiness with the subject and borderline prejudice.

Yet this is a crystal clear issue of equity and equality of treatment in health care. What other group of Americans, who suffered injury as a direct consequence or by-product of action by our government, would simply be ignored?

When people of good will hear of this problem, they respond to this plea for support affirmatively and eagerly.

The principle is so great, the numbers of people involved so small, the facts so clear—we hope that this Congressional Committee and then the Congress could act expeditiously without the need for mobilizing a great popular campaign.

Thank you.

Mr. DANIELSON. Mr. Mineta.

Mr. MINETA. Thank you, Mr. Chairman. I would like to thank you, Mr. Mont, for your testimony, and for the kind of activities that the CRCSC gets involved in. You have heard the testimony from other witnesses of the difficulty to separate out the physical and the psychological, and I am wondering whether or not—because that was really the main complaint of the survivors from this health survey that had been taken—whether or not we shouldn't take that chance of including the psychological, so that it isn't just restricted to the physical illness or injury?

Mr. MONT. Well, I would have to go back to my board for an official comment, but I can say this, and I think everyone would agree, that the number of persons to begin with, that are involved in the injuries, are small. The numbers are quite small, and therefore I think it would still be quite just to say to the Congress, even if there are other effects that are not easily measurable, not easily recognizable, that are a little more complex, nevertheless, it is still within that narrow range of individuals, and still strictly cost limited, so I think the chance may be worth while. You would have to make the judgment about the political strategy.

Mr. MINETA. Because it is such an issue that people don't want to surface, they want to forget this whole incident, the holocaust of this, what happened in August of 1945, do you think that this bill, when it passes, or do you think that there would be concern about whether or not there would be people coming here from Japan just to take advantage of this bill, if it—because it might pass, or after it passes?

Mr. MONT. Well, Mr. Mineta, that is a kind of unspoken question you might frequently hear, and because of the general nature of the situation and the attitudes of some Americans, you might have an attitude on the part of some individuals that there would be many persons in Japan that would flock to the United States to get this treatment.

I think it is rather evident, however, and I think we ought to answer this very explicitly, so that we can brush aside any such question, I think it is rather evident that Japan provides much better, much more comprehensive, and much more continuing, maintained care for those who suffered from the atomic blast and fallout, and so it is very unlikely that any individuals would come here for that reason.

Now, in the normal course of things, there may be a small number of people, someone marrying a spouse to someone who is an American citizen who had married a Japanese national, and that person may then come to the United States, the number that would be involved that way, or that would in normal course of things be emigrating to the United States and would be also among those that would receive the care under this bill, is so minimal it is almost unmeasurable, and I think we should, however—I think it is necessary to answer that question and to put that aside so that it doesn't become an impediment to passing the legislation.

MR. MINETA. Thank you very much, Mr. Mont. Thank you, Mr. Chairman.

MR. DANIELSON. Mr. Mont, I am going to—you have a copy of your statement for our record?

MR. MONT. Except for the interpolated, yes; I do.

MR. DANIELSON. I am going to ask you another unspoken question.

MR. MONT. The statement also lists all of the organizations in the Community Relations Conference, and they are a rather broad cross section of labor, church, ethnic groups, and so on.

MR. DANIELSON. Are you here speaking for them, or for Max Mont?

MR. MONT. No; I am officially—the organization officially adopted a position in favor of the legislation, and I am speaking for the organization.

MR. DANIELSON. Yes; that is what I wanted the record to reflect.

MR. MONT. Yes. Right.

MR. DANIELSON. It is not just your personal involvement?

MR. MONT. No; it is not.

MR. DANIELSON. It is that of your organization?

MR. MONT. This is an official position taken by the organization, and unanimously, I might say.

MR. DANIELSON. Right. Let me ask you another unspoken question, because these always are lurking in the wings, and somebody has to ask them. I have had this asked of me.

We are here speaking of the victims of a most unusual event in human history, and of course the sufferings of these people do touch the emotions. They touch the heart. They evoke all types of emotional and sympathetic response.

Here is the unspoken question. Recognizing the difference in the source of the injury, how would these victims be—and except for that—how would they be distinguished from American citizens who may have been, let us say, in Berlin, and damaged by a TNT bomb? Or may have been somewhere else and suffered burns, not from radiation, but burns from more traditional forms of conflagration? Would you respond to that, because it is an unspoken question that lurks, and I think we should bring it out into the open.

MR. MONT. I have heard it spoken, not just unspoken. Mr. Danielson, I think the answer to that is, a person who was stranded, let us say, in Germany or in some other part of Europe during the war, and suf-

ferred some other type of war connected injury, when he or she comes back to the United States, receives all of the kinds of care normally available to any other citizen of the United States. The sole exception to that are those who are the atomic bomb survivors of Nagasaki and Hiroshima—

Mr. DANIELSON. Well now, will you please amplify your answer? You say that the one who came back, let us say, from Germany, just an example, but it is a good one, receives the kind of care normally given to people. The ones from Hiroshima and Nagasaki do not. How do you mean? At Government expense, or in hospitals, in what respect do you mean different care?

Mr. MONT. No; they receive—the kind of care they receive is the kind of care a citizen would normally receive. They do not get special Government stipends. That is true. They do not.

Mr. DANIELSON. What you mean is that medical care is available to them.

Mr. MONT. It is available to them under the circumstances that it is available to any other citizen of the United States, but in the case of the atomic bomb survivors, two things take place.

One is, there simply aren't specialized facilities to help them in the United States.

Mr. DANIELSON. In other words, we don't know how to treat them.

Mr. MONT. We don't know how to treat them, but also, in addition to that, because we don't know how to treat them, and because of other factors, they are discriminated against in care. They are sometimes deprived of their insurance, or they are not given access to insurance or other kinds of medical care coverage. Now that has become clear from all of the testimony.

So what we are saying is, in this particular situation, the only remedy possible is governmental information. Specialized kinds of care is necessary, and that has not been available up to this point. If there is the demand for it, so to speak, because of a systematic program, resulting from money from the Government, making money available to the survivors, then you would have those programs being developed in the United States, and you would have the possibility of these individuals going to utilize those programs, and the two are, I think—they are interdependent.

That is, because there are survivors who have the funds, and have Government support, and therefore make the demand for services, these services would become available normally in the United States, or, alternately, if they aren't, they would get money to have some other kind of services performed for them.

Mr. DANIELSON. And conversely, since there isn't any widespread demand for this type of care since the numbers are small, et cetera, we haven't developed a program, isn't that part of it?

Mr. MONT. That is correct.

Mr. DANIELSON. Well, I specifically have reserved this question, waiting for you, because I wanted to ask it of you simply because you are not a person immediately directly personally involved. You can give us an objective answer to a question that I think needs to have an answer within the record of our hearing, and I thank you for it.

Mr. MONT. I hope I have, and I didn't want to reiterate. This is a finite group of people, and they certainly deserve our sympathy and support.

Mr. DANIELSON. But I just am always a little cautious that we have answers to those lurking questions within the binding of our record someplace. Thank you very much, Mr. Mont, I appreciate your cooperation.

Mr. MONT. Thank you.

Mr. DANIELSON. Our next scheduled witness was Mr. Edward M. Matsuda, President of the Japanese Chamber of Commerce of Southern California here in Los Angeles. Unfortunately, Mr. Matsuda was unable to attend personally. However, he has submitted a written statement in support, in strong support of the legislation, and without objection, I would like to have it included in the record. There being no objection, it is so ordered. I might add that not only does Mr. Matsuda support the bill, but so does the Japanese Chamber of Commerce.

[The prepared statement of the Japanese Chamber of Commerce follows:]

STATEMENT OF THE JAPANESE CHAMBER OF COMMERCE OF SOUTHERN CALIFORNIA  
IN SUPPORT OF H.R. 5150

The Japanese Chamber of Commerce was organized over twenty five years ago, and today represents a broad spectrum of the Japanese American community. It's 500 plus membership spans three generations with memberships extending from Ventura county south thru San Diego.

Since it's inception the Japanese Chamber of Commerce has been unique in that it has, in addition to the traditional role of the Chamber of Commerce, has been involved in direct social services within the Japanese American community. We have, from our own resources, staff persons involved in direct social services.

Because of this background, we are firmly committed to support of the medical needs of the American citizens and permanent residents here who are survivors of the atomic bombings of Hiroshima and Nagasaki. We commend the intent of H.R. 5150 because it deals with the medical needs of those survivors who are not covered by third party payors, medic-Cal, or Medicare.

Though few in number, their need as a special group has our full support.

The United States Government has, since World War II, supported the needs of Japanese nationals in Hiroshima and Nagasaki who survived the atomic bombs. The cost to the United States Government, to us as taxpayers, has been approximately \$90,000,000.00 to date. For the survivors here, H.R. 5150 represents the first hope for recognition of the special needs of American citizens and permanent residents here.

The Japanese Chamber of Commerce of Southern California urges this subcommittee hearing to consider the moral and humanitarian aspects of this special situation in addition to the medical needs of the survivors.

Mr. DANIELSON. Our final witness, our anchorman for today, is Mr. Karl Nobuyuki, national executive director for the Japanese American Citizens League of San Francisco. Won't you please come in, Mr. Nobuyuki. We have met on the telephone, but this is the first time I have met you in person.

Mr. NOBUYUKI. Correct.

Mr. DANIELSON. Nice to see you, and won't you proceed?

TESTIMONY OF KARL NOBUYUKI, NATIONAL EXECUTIVE DIRECTOR,  
JAPANESE AMERICAN CITIZENS LEAGUE, SAN FRANCISCO,  
CALIF.

Mr. NOBUYUKI. Thank you, Congressman. Good afternoon, members of the Judiciary Subcommittee, and all who are present. It is a pleasure to be here this afternoon, and I would like to thank the Honorable George Danielson and other members of the committee, in al-



lowing me the opportunity to appear before them. My name is Karl Nobuyuki. I am the national executive director of the Japanese Americans Citizens League.

The Japanese Americans Citizens League is the largest and oldest civil rights and human rights organization representing Americans of Japanese ancestry in the United States. We are composed of over 31,000 card-carrying members, with 106 local chapters across the Nation.

I am here today as a representative of JACL, to speak on behalf of H.R. 10502, which seeks to provide medical payments to American victims of the atomic bomb explosions on Hiroshima and Nagasaki, and I wish to add that JACL is not alone, and I am honored to have the opportunity to submit to this committee, letters and resolutions from various organizations and individuals, urging this committee to support H.R. 10502.

Mr. DANIELSON. Without objection, they will be included in the file of the committee, and at a later hearing, when we get a chance to go through them, we will probably include them in the report. Thank you.

Mr. NOBUYUKI. And included, of course, is that resolution that you referred to, sir, from Mr. Matsuda, who is the president of the Japanese Chamber of Commerce.

Mr. DANIELSON. Thank you.

Mr. NOBUYUKI. And might I add, as of just this week, included in this packet is a letter from the distinguished mayor of the city-county of San Francisco, Mayor Mosconi, supervisor of the city and county, Gordon Lau, and the distinguished member of the regents of the University of California, Mr. Yoriwada.

Mr. DANIELSON. Well, thank you very much, and without objection they shall be received in the record.

Mr. NOBUYUKI. Thank you.

There are estimated to be close to 1,000 atomic bomb survivors residing in the United States, however, only 400 have actually been identified. The first survey report on the atomic bomb survivors living in the United States was conducted by Oak Ridge National Laboratory for Energy Research and Development Administration, shows that about half of the survivors live in California, 30 percent in Hawaii, and 20 percent elsewhere.

A great majority of these survivors are U.S. citizens. They include Americans of Japanese ancestry who were trapped in Japan at the break of the war, American prisoners of war, immigrants to the United States with permanent resident status, persons married to American citizens, and the then unborn children of American citizens caught in the atomic bomb holocaust.

Some of the Japanese Americans had been forced to leave the United States before the declaration of war, or in order to protect their families from what eventually resulted in the placement of Japanese Americans in relocation centers. Others had gone to Japan to attend school.

Many of us can afford to put the war behind us and start anew. For these survivors, however, the horror of the atomic bomb holocausts of 1949 (sic) cannot be easily forgotten, for they are victims of long-term radiation sickness.



In fact, for years, many of the victims have been afraid to seek help for their illness, because of the stigma that is attached to their unique victimization. For many, marriage is not feasible. For others, it may mean that they will never be able to have children.

If they are fortunate enough to have sons and daughters, they live in fear that their children will be afflicted with incurable diseases as well. Jobs are denied them once their condition is known. Insurance is difficult to obtain. Many have consistent nightmares reliving the moments of the holocaust.

Further, the victims live in fear that they will one day find themselves stricken with cancer or some other disease. These fears are not unfounded. Studies have shown that survivors of the atomic bomb explosion are in poor health.

Many suffer from fatigue, and are more susceptible to diseases than others. They have difficulty recovering when taken ill. Some are unable to perform strenuous and laborious work. Recently, it has been discovered that the survivors are more susceptible to cancer and leukemia. Other effects include cataracts, chromosomal aberrations, genetical disorders, and other types of diseases.

Studies are incomplete, however, and more research is needed to discover the full effects of nuclear radiation. Each individual needs to be tested to discover how much dosage he or she has received.

Such care can be time consuming and expensive, since atomic bomb survivors need continuous medical care. Their unique medical needs cannot be easily met. Special medical staffs, sensitive to their psychological as well as their physical plight are often not available at reasonable costs.

The Japanese Government, since the 1950's, have provided by law both financial and medical aid to its citizens who are victims of the atomic bomb explosion. The United States has spent a total of some \$81.5 million since 1948, in order to provide medical research for Japanese nationals for atomic bomb victims.

American bomb victims, however, are not eligible for any assistance from the U.S. Government. It is a sad fact that atomic bomb survivors in the United States have been ignored. It is time for the U.S. Government to recognize their plight and provide them with the care they need.

Congressman Roybal and Congressman Patterson have cosponsored H.R. 10502, to provide that much needed aid. The Japanese American Citizens' League feels that such a bill has been long overdue. We have adopted a resolution of support to commit ourselves to help the atomic bomb victims in the United States, and we strongly urge the committee to make that same commitment.

And finally, if I may, Mr. Chairman, submit to you a list, a collection of petitions, signed by fellow American citizens who support our contention, and that of all these other organizations, that indeed the proper psychological and mental assistance should be made available to these victims of the atomic bomb. Thank you.

Mr. DANIELSON. Well, thank you very much. Without objection, the documents which the gentleman has submitted will be included in our file, and we will have to leave it to the committee later to determine how much should be printed into the record, but we do want the impact to be available to us. Yield, for questions, to Mr. Mineta.

Mr. MINETA. Thank you, Mr. Chairman.

I just want to thank you, Mr. Nobuyuki, for your efforts on behalf of the atomic bomb survivors. Thank you very much. Thank you, Mr. Chairman.

Mr. DANIELSON. Thank you; and Mr. Nobuyuki, I know that you haven't been in your present position terribly long, but you have certainly done a masterful job of putting together what I think is the best anchor statement we could expect to have, with respect to this bill.

I want to bring one thing to your attention. You have mentioned, and I know the JACL—I have had the pleasure of working with them for many years—you have passed a resolution supporting H.R. 10502. I want to respectfully point out, because I am sure that this is your intent, that we may have 15 or 20 comparable bills pending before the Congress. They are sort of duplicates of each other, and I am sure you didn't mean by endorsing H.R. 10502—I didn't know we had that one—to eliminate your support of the others.

What you support is the concept, as I understand it.

Mr. NOBUYUKI. That is correct.

Mr. DANIELSON. I would like to point out that Congressman Roybal, from right here in this district, and Congressman Mineta, have been pioneers in pushing these bills along, and we have more than 30 cosponsors for them at the present time, and I think that what you mean is that JACL supports the concept, and each and all of these bills, because really they are one common effort to get at a serious problem.

Mr. NOBUYUKI. That is correct, sir.

Mr. DANIELSON. I thank you very much, and I am going to state for the record what I know to be a fact. If this committee should need help in the future, to obtain more data, helping to identify these people, where are they, who are they, and so on, I am sure we can rely upon your assistance, isn't that a fact?

Mr. NOBUYUKI. That is correct, sir.

Mr. DANIELSON. I knew it would be, but I thought I would pin you down. Thank you very much.

Mr. NOBUYUKI. Thank you.

[The prepared statement of Mr. Nobuyuki follows:]

STATEMENT BY KARL K. NOBUYUKI, NATIONAL EXECUTIVE DIRECTOR, JAPANESE AMERICAN CITIZENS LEAGUE

Good morning members of the Judiciary Subcommittee and all who are present. It is a pleasure to be here this morning, and I would like to thank the Honorable George Danielson and the other members of the Committee for allowing me the opportunity to appear before them. My name is Karl Nobuyuki, and I am the National Executive Director of the Japanese American Citizens League.

The Japanese American Citizens League is the largest and oldest civil rights organization representing Americans of Japanese ancestry in the United States. We are composed of over 31,000 members with 106 local chapters across the nation. I am here as a representative of J.A.C.L. to speak on behalf of H.R. 10502 which seeks to provide medical payments to American victims of the Atomic Bomb explosions on Hiroshima and Nagasaki.

There are estimated to be close to 1,000 atomic bomb survivors residing in the United States. However, only 400 have actually been identified. The first survey report on the Atomic Bomb survivors living in the United States conducted by the Oak Ridge National Laboratory for the Energy Research and Development Administration show that about half of the survivors live in California, 30 percent in Hawaii and 20 percent elsewhere. A great majority of these survivors are United States citizens. They include Americans of Japanese ancestry who were

trapped in Japan at the break of the war, American prisoners of war, immigrants to the United States with permanent resident status, persons married to American citizens, and the then unborn children of American citizens caught in the atomic bomb holocaust. Some of the Japanese Americans had been forced to leave the United States before the declaration of war in order to protect their families from what eventually resulted in the placement of Japanese Americans in relocation centers. Others had gone to Japan to attend school.

Many of us can afford to put the war behind us and start anew. For these survivors, however, the horror of the atomic bomb holocausts of 1945 cannot be easily forgotten for they are victims of long term radiation sickness.

In fact, for years many of the victims have been afraid to seek help for their illnesses because of the "stigma" that is attached to their unique victimization. For many, marriage is not feasible. For others, it may mean that they will never be able to have children. If they are fortunate enough to have sons and daughters, they live in fear that their children will be afflicted with incurable diseases as well. Jobs are denied to them once their condition is known. Insurance is difficult to obtain. Many have constant nightmares reliving the moment of the holocaust.

Further, the victims live in fear that they will one day find themselves stricken with cancer or other diseases. These fears are not unfounded. Studies have shown that survivors of the Atomic Bomb explosion are in poor health. Many suffer from fatigue, and are more susceptible to diseases than others. They have difficulty recovering when taken ill. Some are unable to perform strenuous and laborious work. Recently, it has been discovered that the survivors are more susceptible to cancer and leukemia. Other effects include cataracts, chromosomal aberrations, genetical disorders, and other types of diseases.

Studies are incomplete, however, and more research is needed to discover the full effects of nuclear radiation. Each individual needs to be tested to discover how much dosage he or she has received.

Such care can be time consuming and expensive since atomic bomb victims need continuous medical care. Their unique medical needs cannot be easily met. Special medical staff sensitive to their psychological as well as their physical plight are often not available at reasonable cost.

The Japanese government since the 1950's have provided by law both financial and medical aid to its citizens who are victims of the Atomic bomb explosion. The United States has spent a total of \$81.5 million since 1948 in order to provide medical research for Japanese nationals who are atomic bomb victims. American bomb victims, however, are not eligible for any assistance from the United States government. It is a sad fact that atomic bomb survivors in the United States have been ignored. It is time for the United States government to recognize their plight and provide them with the care they need.

Congressman Edward Roybal and Jerry M. Patterson have cosponsored H.R. 10502 to provide that much needed aid. The Japanese American Citizens League feels that such a bill has been long overdue. We have adopted a resolution of support to commit ourselves to help the atomic bomb victims in the United States. We strongly urge the Committee to make the same commitment by supporting H.R. 10502.

Mr. DANIELSON. That concludes the formal presentation of our hearing today, am I not right, Dr. Noguchi?

Dr. NOGUCHI. Correct.

Mr. DANIELSON. I want to mention a few important little windup things here. First of all, Congressman Glenn Anderson, from Los Angeles County, had hoped to attend. He could not make it, but he did send a statement in very strong support of the legislation, and without objection, it will be included in the record. There being no objection, so ordered.

[The prepared statement of Hon. Glenn M. Anderson follows:]

STATEMENT OF HON. GLENN M. ANDERSON, A REPRESENTATIVE IN CONGRESS FROM  
THE STATE OF CALIFORNIA

Mr. Chairman, thank you for inviting me to address the Subcommittee on this important legislation providing health care for United States residents injured

in the Hiroshima and Nagasaki atomic blasts. As a cosponsor of H.R. 5150, and one who urged that hearings be held, I am pleased that you are holding hearings in California.

Nearly *half* of the A-bomb survivors in America *live* in California. We cannot legislate away the destruction, or terror of the atomic blasts, or the agony of World War II itself. Nor can we retroactively relieve the suffering of the blast victims; those who died or those who have survived through the years.

Some of those who survived have come to America to live. To them, this legislation offers some small assistance. It tells these American citizens and permanent residents, that though they have suffered, they will receive health care and financial assistance.

There are those who believe the federal government is all powerful. It is not. But it is strong enough to pay medical care its residents require as a result of the 1945 blasts, and the ensuing fallout.

Of the approximately 750 survivors in this country, an estimated 130 will benefit from this assistance. Many of the others are covered by various insurance plans. Any blast-related costs they may incur will, I understand, continue to be charged to those plans.

H.R. 5150 does have a price-tag attached to it, but it is moderate. It has been estimated that this bill will cost under \$200,000 per year. I urge its enactment.

Mr. DANIELSON. I would like also to point out that in addition to other names that have appeared of record, we do know that the following organizations have affirmatively endorsed and support this legislation. The list is rather short, so I will read them all:

Los Angeles County Board of Supervisors; Los Angeles County Medical Association; Japanese American Medical Association; California Medical Association; American Medical Association; Community Relations Conference of Southern California, which encompasses 95 organizations; the Japanese Welfare Rights Organization; Service for Asian American Youth; the national Group of United Buddhist Churches of America; Asian American Students Department of UCLA; the world Friendship Committee; the Manzanar Committee; and the Japanese-American Citizens League.

That is, I know, a partial list, but I do not want any of them to be omitted. Without objection, all statements by the witnesses who have appeared will be received in the record. I would like to refer for a moment to the two charts which are behind us. Dr. Noguchi, the charts themselves we would be glad to return to you, but I hope that we would be permitted to at least make copies of them for our record. Would that be agreeable?

Dr. NOGUCHI. Yes, sir.

Mr. DANIELSON. Thank you, we will do that, and they without objection will be included in the record.

I want personally—and I know that the community supports me—to express my extreme thanks to Dr. Noguchi, who has done most of the hard work of putting this very fine panel of witnesses together. I say most of it because there has been an awful lot of work done. I see Caz Sueichi out there in the audience, who has been running up and down the aisles today, working real hard, but it is not—the thanks does not go to just individuals, I just have to thank the whole community because everyone has worked together so beautifully.

Lastly, I want to again express my thanks to the Los Angeles County Board of Supervisors for making their facilities available to us, not just the room, but their staffs, and equipment. It has just been a real joy to have this hearing.

Without doubt, this has been the most efficiently put together meeting that I have ever attended, and I know now what Dr. Noguchi meant when I first talked with him a while back. He says, I think we ought to have a crisp meeting, that is to the point, and I say 3 hours and 10 minutes is mighty crisp. Thank you very much, doctor.

And since there is no other and further business to come before the committee, the committee will now stand adjourned.

[Whereupon, at 1:12 p.m., on March 31, 1978, the meeting was adjourned.]

## PAYMENTS TO INDIVIDUALS SUFFERING FROM EFFECTS OF ATOMIC BOMB EXPLOSIONS

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THURSDAY, JUNE 8, 1978

HOUSE OF REPRESENTATIVES,  
SUBCOMMITTEE ON ADMINISTRATIVE LAW  
AND GOVERNMENTAL RELATIONS  
OF THE COMMITTEE ON THE JUDICIARY,  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 9:50 a.m., in room 2226, Rayburn House Office Building, Hon. George E. Danielson (chairman of the subcommittee) presiding.

Present: Representatives Danielson, Kindness, and Moorhead.

Also present: William P. Shattuck, counsel; James H. Lauer, assistant counsel; Alan F. Coffey, Jr., associate counsel; and Florence McGrady, administrative assistant.

Mr. DANIELSON. The committee will come to order.

I will explain my being tardy. There is a leadership meeting every Thursday morning that keeps me until about 10 o'clock and the scheduling was done without bearing that in mind.

We have three members present today. We have three public bills before us this morning. We have members on at least two of them. I am going to take them, the members, out of order because we do have a session commencing in about 5 minutes.

First we will take up H.R. 8440 and companion bills, which would provide for payment by the United States for certain medical services and treatment provided to U.S. citizens and permanent residents who are suffering from physical injuries attributable to the atomic bomb explosions on Hiroshima and Nagasaki, Japan, in August 1945.

Representative Norman Mineta, will you please come forward and bring Mr. Takagi with you, please? While you are being seated, I will mention for the information of the others in attendance that this subcommittee held an extensive hearing on this bill earlier this year in Los Angeles.

Norm, did you have a presentation today? If you do, you may proceed.

**TESTIMONY OF HON. NORMAN Y. MINETA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA, AND HARRY TAKAGI, WASHINGTON REPRESENTATIVE, JAPANESE AMERICAN CITIZENS LEAGUE**

Mr. MINETA. Thank you very much.

First of all, let me also, because of the inability of Congressman Roybal to be present this morning, ask unanimous consent that his statement be entered into the record in full.

Mr. DANIELSON. Is there objection?

There being none, it is so ordered.

[The statement of Hon. Edward R. Roybal follows:]

**STATEMENT OF EDWARD R. ROYBAL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA**

Mr. Chairman, I want to thank you for giving me the opportunity to testify in support of my bill H.R. 5150. As you know, the bill would provide for payment by the United States for certain medical services and treatment provided to United States citizens and permanent residents suffering from physical injuries attributable to the atomic bomb explosions in Hiroshima and Nagasaki, Japan in August 1945.

When the bombs exploded over these two Japanese cities that summer day in August of 1945, the thousands of Japanese citizens affected were not the only victims. There were American citizens there as well. Some were American prisoners of war, but many were native-born American citizens of Japanese descent who were visiting relatives in Japan when the war began and were trapped there. And some victims were Japanese nationals who later adopted, as their own, the country that had dropped the bomb.

This bill would be morally justifiable no matter what the cost, but in fact the costs are minimal. Thomas Noguchi, Chief Medical Examiner of Los Angeles County, estimates that there are only about 1,000 American citizens who would be covered by this bill. U.S. government study of 300 known survivors of the bomb blast indicates that only 52 of the survivors received radiation levels which would cause injury. If the percentage applies to the entire 1,000 survivors, then less than two hundred people will be able to take advantage of the benefits of this bill. I should also point out that the bill applies only to physical injuries and not mental injuries which these people must surely have suffered. The bill also does not apply to the children of the survivors, though they also may yet become victims of the bomb blasts.

Mr. Chairman, recently the Japanese Supreme Court ruled that a Korean national arrested in Japan for illegally entering that country to take advantage of the country's benefits to Atomic Bomb survivors was in fact entitled to receive those benefits. The court stated that the treatment was a form of reparations to which all Atomic-bomb victims are entitled. It is a source of personal embarrassment to me that almost forty years after we dropped the bombs, we should be debating whether or not American citizens and permanent residents are entitled to receive some sort of benefits for illnesses caused by the Atomic bombs.

It took 34 years for an American President to rescind the Presidential proclamation that authorized automatic imprisonment in work camps of Japanese Americans during the war. When he rescinded that order in 1970, President Ford stated that "an honest reckoning must include a recognition of our national mistakes."

It took Congress 21 years to remove from our books a law patterned after the concentration camp orders for the American born children of Japanese immigrants.

It took us, as a nation, 21 years to finish paying Japanese-Americans for the property we confiscated from them, and then we paid them only \$38 million for losses that were estimated to be \$400 million.

Mr. Chairman, it has been six years since I first introduced this bill. Even if this bill becomes law this year, for many it will be too late. I urge the Committee to act favorably on this bill, because it is the least we can do for the

survivors of the bomb and also because life for us will be a little harder living with the knowledge that having had the opportunity to do something, we chose instead to do nothing.

Thank you.

Mr. MINETA. I appreciate very much your diligence in holding this hearing as a followup to the hearing held in California on March 31 on H.R. 5150, which would provide medical assistance to survivors of the atomic bomb dropped in World War II.

While I am sure you are aware of the devastating number of lives taken by the atomic bombings of Hiroshima and Nagasaki during World War II, many overlook the fact that some of those who were injured in those bomb explosions or the radioactive fallout now live in the United States. Some are U.S. citizens who were trapped in Japan at the time of the bombings; others who are now legal immigrants or naturalized citizens.

I believe it is time to recognize the impact of the bombings on the lives of these survivors, and to provide them with limited medical coverage. This is an issue I feel basically to be one of fairness.

H.R. 5150 addresses the human impact of the bombings. When those fateful atomic bombings of Nagasaki and Hiroshima were ordered by President Truman in 1945, there was very little the victims could do. Scattered throughout those two cities were victims who were American citizens, including Americans of Japanese ancestry. The stories of these survivors are heartbreaking, indeed.

Mary Uano was sitting on a Hiroshima streetcar when the bomb was dropped. Judy Ensey was gathering vegetables 2 miles from the core of the blast and suffered ear and nose burns. Kanji Duramoto, who searched through the rubble in Hiroshima in search of his father, like many survivors, is now diabetic. A friend who helped him in his search went blind 2 days after the blast.

These individuals, and many others like them, were not the only survivors of the birth of the nuclear age, but they were different from most of the other people in Hiroshima that day. They were U.S. citizens. While none was seriously injured by the blast itself, all suffered one ailment or another associated with its aftermath; emotional problems, anemia, leukemia, and diabetes.

They would have been eligible for free medical care and pensions provided by the Japanese Government had they chosen to stay in Japan. But they returned to the United States, which has never taken responsibility for its own survivors. That is what I ask of the committee today.

Through the Radiation Effects Research Foundation, the U.S. Government has conducted scientific research activities in both Hiroshima and Nagasaki. The foundation has been carrying out health examinations of atomic bomb survivors in Japan, but not for victims now residing in the United States.

Survivors who reside in Japan are provided free medical checkups, treatment, and disability payments by the Ministry of Health and Welfare. Some 365,000 survivors receive these benefits. The survivors living in the United States have been ignored by both governments. When appeals for aid began to surface, the Atomic Energy Commission requested the Oak Ridge National Laboratory to seek out the American survivors. A 1976 report from the Oak Ridge National



Laboratory documents both the existence of atomic bomb survivors in the United States and the varying degrees of exposure suffered by these victims.

Because of the stigma attached to their condition, many American victims have been unwilling to declare themselves. Many have employment problems, difficulty in obtaining health or life insurance, are unable to marry, face a shortened life expectancy, or have to deal with genetic damage which varies with the degree of radiation exposure.

They suffer from a combination of diseases, including leukemia, cancer, diabetes, genetic disorder, and many other radiation-related illnesses.

The medical coverage which H.R. 5050 would provide would be limited in the following ways:

First. It would have to be shown that a beneficiary's illness or injury is directly attributable to the bomb explosion or radioactive fallout.

Second. The bill would apply only to U.S. citizens and lawful permanent residents.

Third. Reimbursement would be available for medical treatment or services which are not paid by insurance or other form of compensation or award.

Given these restrictions, it has been estimated that of the approximately 750 bomb survivors in the United States only about 130 would qualify for treatment under this bill.

In my view, it is important to emphasize that the issue involved here is not whether the bombs should have been dropped, or why they were dropped; the issue is whether the American Government is willing to accept responsibility to assist the small number of American survivors living today. The American survivors of the atomic bombs need, and I believe deserve, our assistance.

The Supreme Court of Japan has ruled that all persons injured by the atomic bombs, regardless of nationality, are entitled to medical care. I believe the United States should do no less for its own citizens who suffered the same misfortune.

Thank you.

Mr. Chairman, I would like to ask unanimous consent that the Denver Post editorial of May 8, 1978, in support of this bill be made a part of this record, and it gives me a great deal of pleasure at this time to introduce Harry Takagi, who is the Washington representative of the Japanese American Citizens League.

Mr. DANIELSON. As to the editorial from the Denver Post, is there objection to including it in the record?

There is none; it is so ordered.

[The editorial follows:]

[Editorial, the Denver Post, May 8, 1978]

#### AID TO A-BOMB VICTIMS

The long shadow of an unfortunate chapter of history loomed over two recent events on opposite sides of the Pacific. In a way, they were related.

The first event took place in Tokyo. The Japanese Supreme Court ruled that an illegal Korean immigrant named Son Jin Du was entitled to free medical treatment for ailments he now suffers as a result of the atomic bombing of Hiroshima.

Son was 18 years old and living in Hiroshima when that city was A-bombed in 1945. After the war he went to Korea.

Japan, meanwhile, passed a law providing free treatment for A-bomb-related ailments. Son's health deteriorated and in 1970 he reentered Japan in search of medical help. However, he was arrested for illegal entry. A citizens' group took Son's case to court.

The Japanese high court ruled in effect that medical care is a form of national reparations to which all A-bomb victims are entitled. The decision is expected to affect some 20,000 current residents of South Korea who were in Hiroshima and Nagasaki during the atom bomb attacks in the last days of World War II.

The second event was a U.S.-House judiciary subcommittee hearing in Los Angeles on HR 5150, a bill which would make federal medical treatment available to American citizens who survived the A-bombs. The bill was co-sponsored by Representatives Edward Roybal and Norman Mineta, California Democrats.

Witnesses testified that an organization called the Committee of Atomic Bomb Survivors in the U.S.A. had located 392 Americans who had lived through the Hiroshima and Nagasaki bombings. They are U.S. citizens of Japanese ancestry who were stranded by the war and have returned to their homeland since then.

Many of these persons are in ill health. Some, who can afford the cost, travel to Japan for treatment and the twice-yearly checkups provided by that government.

The congressmen heard that the United States had appropriated more than \$80 million since 1948 to support medical programs in Japan for A-bomb victims. But nothing is available for Americans who were unlucky enough to be in the two bombed cities.

The Supreme Court of Japan has ruled that all persons injured by the A-bombs, regardless of nationality, are entitled to medical care. Can the United States do less for its own citizens who suffered the same misfortune?

Approval of HR 5150 is long overdue.

Mr. DANIELSON. Mr. Takagi.

Mr. TAKAGI. Mr. Chairman, I appreciate this opportunity to appear before you this morning. My name is Harry I. Takagi and I am the Washington representative of the Japanese American Citizens League, a human and civil rights organization, representing Americans of Japanese ancestry in the United States. We have over 31,000 members, with 106 chapters located from coast to coast.

The Japanese American Citizens League has been cooperating with the Committee of Atomic Bomb Survivors in its efforts to obtain, from the Federal Government, payment for medical services and treatment provided to U.S. citizens and permanent residents who suffered physical illness or injury due to the atomic bomb explosions in Hiroshima and Nagasaki, Japan, during August 1945.

We endorse and fully support H.R. 8440, the bill which was introduced by your distinguished colleagues, the Honorable Edward R. Roybal and the Honorable Norman Y. Mineta, and is currently under consideration by your subcommittee. I believe this bill has also been numbered as H.R. 5150 and H.R. 10502.

A previous hearing on the bill was held in Los Angeles, Calif., on March 31, 1978, at which time testimony was presented by a number of individuals, including Kanji Juramoto, president of the Committee of Atomic Bomb Survivors; Dr. Mitsuo Inouye, president of the Japanese American Medical Association; Dr. Thomas T. Noguchi, the eminent medical examiner and coronor for Los Angeles County, and others.

Since the written record of that hearing is available to this subcommittee, I do not believe it is necessary to be unduly repetitive. However, there are a few points I would like to make at this time.

H.R. 8440 is, above all, a humanitarian measure. It recognizes the fact that, while all atomic bomb survivors may not be in need of intensive medical treatment, those who develop such diseases as leukemia and other malignant conditions will soon find themselves overwhelmed by the unusual costs of necessary medical treatment. Private health insurance plans usually do not cover atomic bomb injuries, and thus the victims may find it impossible to obtain decent and adequate medical care.

It is believed that from 500 to 1,000 survivors of the atomic bomb explosions live in the United States, either as American citizens or as permanent residents. While it is difficult to estimate the cost of medical treatment which would be provided by H.R. 8440, a rough estimate might be somewhere in the neighborhood of \$250,000 to \$500,000 per year.

We are aware that the administration position may be unfavorable to the bill under consideration, based upon the proposition that the United States does not pay for the natural consequences of military activities during a time of war, and that to make an exception in this instance would create a bad precedent. To this argument, we wish to point out that employment of the atomic bomb as an instrument of war was in itself an unprecedented act, being limited to the bombing of Hiroshima and Nagasaki in August 1945. Its immediate effects on the survivors were bad enough, but its long-term effects, such as leukemia and cancer, may not be apparent until years later. The medical problems are unusual, unique, and cover a wide range of the physical spectrum.

The Japanese Government, by law, provides free medical treatment for its atomic bomb victims. If Japan has seen fit to take care of the many cases in that country, can the United States, which we know as the richest country on earth, with its strong emphasis on human rights, do any less for the relatively few victims who reside in America?

In the event the subcommittee attitude is favorable, we suggest that the bill be amended to cover medical treatment for emotional effects and mental illness due to the atomic explosions in 1945, as well as purely physical illnesses and injuries.

In addition to the Japanese American Citizens League and the Committee of Atomic Bomb Survivors, H.R. 8440 has the support of the American Medical Association, the California and Los Angeles County Medical Associations, and the Community Relations Conference of Southern California, which represents 95 distinguished organizations.

In behalf of the Japanese American Citizens League, I wish to express appreciation for this opportunity to present our views.

In closing, we respectfully urge your support for H.R. 8440.

Mr. DANIELSON. Thank you very much, Mr. Takagi.

Mr. Moorhead, do you have any questions of either Mr. Mineta or Mr. Takagi?

Mr. MOORHEAD. Two or three.

Do you have any idea how many of these 130 citizens that will receive the benefits were American citizens at the time?

Mr. MINETA. I am trying to recall the chart that was presented at the hearings in Los Angeles. I would estimate that probably well over half, probably, let's say, 60 to 70 percent, are U.S. citizens. Others are

spouses of GI's whom they had subsequently gotten married to. But in all instances they had become naturalized citizens as well.

Mr. MOORHEAD. HEW will not testify on this. I suppose they are against the bill. Is that correct?

Mr. MINETA. I understand that the Health Care Financing Agency was asked to testify on behalf of this, but I understand there was some problem of getting them to testify before the subcommittee today.

Mr. MOORHEAD. I guess the big decision to be made on this legislation has to be one that you alluded to a little bit ago, and that is the question of whether you should single out any area that is contrary to basic policy, the granting of medical care or any other care.

You know, we do not award the victims of war under any circumstances that I know of at the present time, and the Federal Tort Claims Act, the Military Claims Act, precludes liability on the part of the United States for injuries. So that is the decision that has to be made, whether this should be made a special case.

For those of us in southern California it is very appealing to do that, but I would like to hear you—I know the problem as far as the severe injuries, much greater than they have been in other areas. But there are people who have been injured just as badly from normal kinds of warfare. Whether we should go all the way with all victims that happen to be here as citizens or whether we should single this particular area out, or whether we should keep the policy as it is now, that is what we need help in deciding.

I would like your comments.

Mr. MINETA. As the gentleman knows, the German Government, for instance, has and does to this day pay to the victims of the holocaust and to Jews who were in concentration camps and who suffered injuries during World War II, continues to pay not only for those medical bills, as well as disability, income, and reparations payments.

So there is precedence in terms of that kind of payment being made.

In this case we feel that being the first to be victims of the nuclear age, that without some kind of medical assistance, these people are suffering without adequate medical treatment; they are ineligible for health insurance benefits. They therefore either return to Japan where they then become eligible under the Japanese Government program as U.S. citizens, or they suffer in silence here, or they have to pay out of their own pocket very high amounts for their own treatment. These become very large payments.

There are examples in that March hearing of people having to pay several thousand dollars a year just to maintain their own medical treatment.

Mr. MOORHEAD. We had thousands of people, of our citizens trapped in Germany and in Italy that were hurt in the big major bombs of Hamburg and other cities there, who have never regained their health. Should they be included also?

Mr. MINETA. I think there is a difference of whether or not there is the utilization of, let's say, the regular weapons of war versus a nuclear weapon, which has long-lasting genetic as well as other kinds of injuries.

A person who suffers injuries from shrapnel or loss of limb from a regular bomb—if that is to be the phrase—those are determinable expenses at the time. It is not an ongoing kind of injury. Whereas

with radiation, the effects are really long lasting, the extent unknown. The victims of atomic bombs have much greater medical expenses than those who might have injuries or permanent disabilities arising from conventional weapons.

Mr. MOORHEAD. That is all the questions I have.

I want to thank you for coming and presenting your views.

Mr. MINETA. Thank you.

Mr. DANIELSON. I wish to thank both of you, Congressman Mineta and Mr. Takagi.

Mr. Mineta, you also appeared in Los Angeles and assisted—both of you did—in bringing before us a number of witnesses to tell the complete story.

I have no questions inasmuch as all the questions I could think of were asked in Los Angeles and are now in the record.

Thank you for your help.

Mr. MINETA. Thank you, Mr. Chairman and members of the committee, for having this hearing.

Mr. DANIELSON. Thank you.

For the record, the subcommittee did request the Department of Health, Education, and Welfare to come and testify if they chose to do so, and also the Department of Defense. Both of them decided not to send a witness. As a result, we have now concluded the taking of testimony by witnesses, and this bill will be set down for markup subject, to the call of the Chair.

Thank you, both of you, very much.

[Whereupon, the subcommittee proceeded to other business.]

## APPENDIX

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### WANTO HIROSHIMA NIKKEIJIN KAI, EAST BAY CHAPTER, BERKELEY, CALIF.

#### RESOLUTION

Whereas, there are approximately 1,000 persons of Japanese ancestry residing in the United States who are survivors of the 1945 Hiroshima-Nagasaki bombings, and

Whereas, the majority of these survivors are American citizens and reside in the United States, 80 percent of them women and also who were stranded in Japan during World War II, and

Whereas, many of the atomic bomb survivors in the United States are direct descendants from the city of Hiroshima and

Whereas, a national chairperson has been appointed by all the Hiroshima Nikkeijin Kai chapters of America to work with the Committee of Atomic Bomb Survivors, therefore be it

*Resolved*, That the Wanto Hiroshima Nikkeijin Kai Board of Directors meeting held in Berkeley, California, endorse the efforts of the Committee of Atomic Bomb Survivors in seeking legislation aimed at providing funds for research and medical services; and further be it

*Resolved*, That the Wanto Hiroshima Nikkeijin Kai of East Bay encourage its membership to petition Congressional representatives to support the efforts of this Committee.

Passed unanimously at the Board of Directors Meeting, Berkeley, September 26, 1976.

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### GEDATSU CHURCH OF AMERICA

#### RESOLUTION

Whereas, there are approximately 1,000 persons of Japanese ancestry residing in the United States who are survivors of the 1945 Hiroshima-Nagasaki bombings, and

Whereas, the majority of these survivors are American citizens and resides in the United States, 80 percent of them women and also who were stranded in Japan during World War II, and

Whereas, many of the atomic bomb survivors in the United States are members of the Gedatsu Churches of America and

Whereas, a national chairperson has been appointed by the Gedatsu Churches of America to work with the committee of Atomic Bomb Survivors, therefore be it

*Resolved*, That the Gedatsu Churches of America Board of Directors meeting held in San Francisco, California, endorse the efforts of the Committee of Atomic Bomb Survivors in seeking legislation aimed at providing funds for research and medical services, and further be it

*Resolved*, That the Gedatsu Churches of America encourage its membership to petition their Congressional representatives to support the efforts of this Committee.

## MOTOR CAR DEALERS ASSOCIATION OF SOUTHERN CALIFORNIA

## MAJOR MEDICAL EXPENSE BENEFITS

*Covered major medical expenses*

Covered Major Medical Expenses are reasonable and necessary expenses for supplies or services certified by the attending physician as being required for the treatment of the disease or injury and includes the charges for:

1. hospital services and supplies;
2. hospital board and room up to the daily maximum shown in the Schedule of Benefits;
3. an intensive care unit up to the daily maximum shown in the Schedule of Benefits;
4. convalescent hospital board and room up to the daily maximum shown in the Schedule of Benefits and other convalescent hospital services and supplies, but the charges made by a convalescent hospital shall be covered only if the confinement begins within seven days after the person is discharged from a hospital confinement, as an in-patient, of at least five days;
5. the medical and surgical services of a physician;
6. anesthesia and its administration;
7. diagnostic laboratory and x-ray services;
8. drugs and medicines requiring a physician's prescription;
9. artificial limbs and artificial eyes;
10. rental of wheel chair, iron lung and other durable equipment necessary for therapeutic treatment;
11. professional ambulance service to and from the first hospital where treatment is given;
12. services of a registered nurse (other than a member of your family or someone who resides with you);
13. cosmetic surgery to repair damage due to accidental injuries occurring while insured;
14. treatment of severe medical or surgical complications of pregnancy which commenced while the female employee or the dependent wife was insured for these Major Medical Expense Benefits but only for the additional charges resulting from such complications;
15. treatment for nervous or mental conditions (but if not hospital confined, payment shall be made for 50 percent of such charges up to a limit of \$10.00 during any one day and \$500.00 during any calendar year).

*Expenses not covered*

Benefits are not payable for expenses incurred for, or in connection with:

1. eye examinations; glasses or hearing aids or the fitting of such items;
2. medical check-ups not incident and necessary to the treatment of illness;
3. travel or transportation except for ambulance service as indicated in the "Covered Major Medical Expenses" section;
4. any illness caused by any act of war, or other release of nuclear energy (except when used for medical treatment of an insured);
5. alcoholism or narcotism.
6. any dental work, except to the extent necessary for repair or alleviation of damage caused solely by accidental bodily injury sustained while insured.

*Preexisting conditions*

Any injury sustained or an illness which began before a person became insured for these Major Medical Expense Benefits will not be covered until the person completes a three month period during which he has not consulted a physician or had any treatment for the injury or illness. The three month period must end after the person becomes insured for these Major Medical Expense Benefits.

Expenses incurred on account of the injury or illness after the end of the three month period will be covered if they otherwise qualify as Covered Major Medical Expenses.

In any event expenses incurred on account of the injury or illness will be covered once the person has been insured for two years.

*Exception.*—This limitation will not apply to covered charges incurred up to \$2,500 if you become insured for these Major Medical Expense Benefits on the date your employer becomes a Subscribing Employer and if, on the day before that date, you were covered for Major Medical Expense Benefits under your em-

ployer's former group plan. This exception also applies to your dependents if they were covered for Major Medical Expense Benefits under your employer's former group plan.

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STATEMENT OF HON. JERRY M. PATTERSON

Mr. Chairman, I appreciate having the opportunity to place my views in the Record about an issue which I feel is of great importance. This country has a moral debt which has been too long overdue in payment.

Thirty-three years ago, Hiroshima was decimated by the first atomic bomb ever exploded over a populated area. Three days later, the second, and so far the last, nuclear weapon ever used in wartime was detonated over Nagasaki. These potent weapons inflicted a pain and destruction which caused the demise of more than just the enemy. There were other victims—victims who were American citizens.

Many of these Hibakusha, those Americans of Japanese ancestry, perished in the ordeal—though some, fortunately, survived. Yet these 750 to 1,000 U.S. citizens, most of whom now reside in California and Hawaii, are a forgotten group.

Survivors suffer combinations of serious diseases, such as cancer, leukemia, genetic disorders and various other radiation-related diseases. But the problems of American Hibakusha and their children go far beyond disease and medical expenses. Some survivors who suffered no injury have been denied jobs, insurance and friendship by those who fear they will develop delayed radioactive symptoms.

Our country has a moral obligation to these overlooked survivors. H.R. 5150 would provide federal compensation for medical expenses to these Hibakusha in the United States. Congress should approve this humane proposal. The Japanese government provides aid to atomic bomb victims in Japan. The United States government certainly should do the same for the victims in this country.

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STATEMENT OF HON. CEC HEFTEL

I would like to thank the Honorable George E. Danielson, Chairman of the House Subcommittee on Administrative Law and Governmental Relations, for holding hearings on bill H.R. 5150, which would authorize reimbursement of medical expenses for those survivors of the atomic bombings at Hiroshima and Nagasaki, Japan, who are United States citizens or lawful permanent residents. H.R. 5150 is identical to H.R. 8440, which I and 22 of my colleagues co-sponsored. I believe that our nation has an obligation to the survivors of the attacks now living in the United States. H.R. 5150 receives my support because it addresses itself to the human problems caused by the bombings.

The U.S. atomic bombings at Hiroshima and Nagasaki took over 300,000 lives. This figure may be much higher, since it is only an estimate, not revealing the true degree of devastation caused by the bombings, which accelerated the end of World War II. It does not account, moreover, for those unfortunate people who were injured, both physically and mentally, by the atomic blasts.

There are approximately 750 survivors of the atomic bombings in the United States. From what is known so far, most of the U.S. survivors live in California and Hawaii. Some are immigrants and others war brides, but about 30 percent of them are native-born Americans who were visiting Japan when war was declared. Since the early 1950's, the Japanese government has provided health supervision, medical care benefits, and financial aid to needy survivors. Japanese-Americans are not eligible for the Japanese assistance and presumably never will be. For this reason, I believe that it is proper for the federal government to aid these people who had no say in deciding their unfortunate fate.

H.R. 5150 calls for medical treatment only for those with injuries directly attributable to the bomb explosions or radioactive fallout from the blasts. It would assist those survivors who are now living in the United States—either U.S. citizens, including prisoners of war who were trapped in the Japanese target cities destroyed by the American weapons in August, 1945, or persons who are legal immigrants or naturalized citizens in this country.

The fact that survivors from the nuclear blasts may now be American citizens can longer be overlooked. I believe that it is time that we recognize



the tragic impact of the bombings and their radioactive fallout on the lives of these survivors. One survivor, Hawaiian-born Kanji Kuramoto, once said about his experience: "I returned to the U.S. trying to ignore my past as an atomic bomb victim. But I can't understand why atomic bomb survivors are completely forgotten. We've suffered enough." Although this or any form or reimbursement of medical expenses for U.S. survivors from the bombings can never recompense the suffering of those innocent people, H.R. 5150 does address the human impact of the bombings and is a move in the right direction.

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA,  
San Francisco, Calif., March 22, 1978.

HON. GEORGE DANIELSON,  
Chairman, Judiciary Subcommittee on Administrative Law,  
Los Angeles, Calif.

DEAR CONGRESSMAN DANIELSON: This letter expresses my support for H.R. 10502 (Roybal/Patterson) which would provide payments for medical treatment to United States citizens and permanent residents who suffer from injuries attributable to the atom bomb explosions on Hiroshima and Nagasaki.

As a member of the United States Armed Forces serving on Okinawa at the time of the atom bomb drops on those two cities, I feel that the United States government has an obligation to provide high quality medical assistance to those American individuals who suffer from radiation sickness. The matter is also very personal to me as my brother-in-law's wife's family was near Hiroshima at the time of the atom bomb drop. My brother-in-law is also a United States Army veteran.

Most strongly do I urge your support and that of your subcommittee so that close to 1,000 persons now living in the United States might be provided free, high quality medical services for the lingering illness of radiation.

Sincerely yours,

YORI WADA, *Regent*.

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OFFICE OF THE MAYOR,  
San Francisco, Calif., March 28, 1978.

HOUSE JUDICIARY COMMITTEE ON ADMINISTRATIVE LAW,  
Los Angeles, Calif.

GENTLEMEN: I am writing at this time to indicate my strong support for H.R. 10502, which will provide medical treatment to U.S. citizens and permanent residents suffering from physical injuries attributable to the atomic bomb explosions on Hiroshima and Nagasaki.

The tragedy resulting from these explosions is a matter of record, but what is not so well known is the fact that many innocent citizens receiving permanent injuries from such atomic attacks have not yet received the governmentally-sponsored medical treatment to which they are clearly entitled. Passage of H.R. 10502 would right a wrong that has been a source of disgrace and shame for this country, and I urge that it be approved as soon as possible.

In our efforts to build a world of peace today, we must never forget our obligation to provide humane care for those wounded in the wars of previous years. That is why the approval of this landmark legislation is so vitally important.

Sincerely,

GEORGE R. MOSCONE, *Mayor*.

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CITY AND COUNTY OF SAN FRANCISCO,  
BOARD OF SUPERVISORS,  
San Francisco, March 28, 1978.

HON. GEORGE DANIELSON,  
Chairman, Judiciary Subcommittee on Administrative Law,  
Los Angeles, Calif.

DEAR MR. DANIELSON: I would like to express my support of H.R. 10502, which provides for payment for medical treatment to U.S. citizens and permanent residents suffering from physical injuries attributable to the atomic bomb explosion on Hiroshima and Nagasaki.

Although it was nearly 33 years ago that the atomic bombs were dropped on Hiroshima and Nagasaki, people are still dying every year from illnesses and

diseases caused by exposure to nuclear radiation. Studies reveal that the survivors of the atomic bomb holocaust are generally in poor health. They tire easily and are more susceptible to leukemia, cancer, and other illnesses than the norm.

There are approximately 1,000 survivors residing in the United States today. The majority of these people are U.S. citizens, and others are permanent residents. Many of these people were Japanese-Americans who were trapped in Japan when the war broke out.

The Japanese Government provides medical aid to all atomic bomb survivors who are residents of Japan. It is a shame, therefore, that American bomb victims are not eligible for assistance from the U.S. government. Since these bomb victims have unique problems, quality medical care at reasonable cost is extremely difficult to obtain. It is crucial that these people be provided medical assistance.

I strongly urge that H.R. 10502 receive your Committee's support.

Sincerely,

GORDON J. LAU.

JAPANESE CHAMBER OF COMMERCE OF SOUTHERN CALIFORNIA

CERTIFIED COPY OF CORPORATE RESOLUTION

"Whereas, there are about 1,000 persons of Japanese ancestry residing in the United States who sustained permanent injuries in the atomic bombings of Hiroshima and Nagasaki, Japan, in August 1945; and

"Whereas, many of them reside permanently in Southern California; and

"Whereas, there are now pending before the U.S. Congress H.R. 5150 and H.R. 8440, intended to alleviate the hardships and sufferings of such persons; now therefore be it

*Resolved*, That the Japanese Chamber of Commerce of Southern California heartily endorses and supports H.R. 5150 and H.R. 8440, now pending before the U.S. Congress, and fervently hope that they will receive favorable consideration.

*Resolved further*, That a copy of this resolution be presented to the Congressional Judiciary Subcommittee on Administrative Law and Governmental Relations."

I certify that the foregoing is a true copy of the resolutions unanimously adopted by the Board of Directors of Japanese Chamber of Commerce of Southern California held on March 21, 1978.

Dated : March 29, 1978.

EDWARD M. MATSUDA, *President*.

CITY COUNCIL OF THE  
CITY OF LOS ANGELES,  
*Los Angeles, Calif., March 27, 1978.*

HON. GEORGE E. DANIELSON,  
*Chairman,*  
*Judiciary Subcommittee on Administrative Law and Governmental Relations,*  
*207 Cannon House Office Building,*  
*Washington, D.C.*

DEAR HONORABLE DANIELSON: I would like to take this opportunity to express my support for H.R. 10502 (formerly H.R. 5150 and H.R. 8440) which would allow medical aid to American survivors of the Atomic Bomb Holocaust in 1945. In the name of human rights and justice it is my hope your subcommittee will be able to positively consider H.R. 10502.

Sincerely,

DAVE CUNNINGHAM,  
*Councilman, Tenth District.*

ASSEMBLY CALIFORNIA LEGISLATURE,  
*Sacramento, Calif., March 29, 1978.*

HON. GEORGE E. DANIELSON,  
*Chairman, Judiciary Subcommittee on Administrative Law and Governmental Relations,*  
*207 Cannon House Office Building, Washington, D.C.*

DEAR MR. CHAIRMAN: United States citizens who were trapped in Japan during the war, or persons who are legal immigrants or naturalized citizens in this

country and suffered the atomic bombing up to now has faced tremendous problems for seeking medical attention. Those people affected are approximately 1200 and they must now travel to Japan at their own expense for any specialized medical treatments needed for their unique problems.

The problems faced by these people is the tremendous financial burden placed on them as a result of not being able to get medical insurance coverage or who have been cut off of coverage once found that they were in the atomic blast. Up to now they have been faced with a lack of understanding of their plight by their Country and Government and are now asking Congress for their serious consideration of H.R. 5150 and H.R. 8440 authored by Representatives Edward Roybal and Norman Mineta that will give the medical assistance that these people need here in the United States.

I am in strong support of these bills and would like to urge your support for their passage in Congress.

Any assistance and attention given to these bills are greatly appreciated.

Sincerely,

PAUL T. BANNAI.

PTB/lk

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ASSEMBLY CALIFORNIA LEGISLATURE,  
Sacramento, Calif., March 22, 1978.

HON. JIMMY CARTER,  
*President of the United States, The White House, 1600 Pennsylvania Avenue,  
Washington, D.C.*

DEAR MR. PRESIDENT: It has come to my attention that the Committee of Atomic Bomb Survivors in the United States of America has very graciously solicited your support on behalf of American victims of the atomic bomb. They specifically request your attention to HR 5150 and HR 8440.

As I had the privilege of meeting with you and supporting you during the 1976 election, I would like to take this opportunity to extend our working relationship to the benefit of your/our Asian-American constituency.

It is not an inconvenience, a copy of your response to Mr. Kanji Kuramoto, President of the Committee, would be most appreciated.

I look forward to a sharing of efforts on behalf of all humanity including Asian-Americans.

Sincerely,

S. FLOYD MORI.

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UNITED TELEVISION BROADCASTING SYSTEMS, INC.,  
Los Angeles, Calif., March 31, 1978.

HON. GEORGE E. DANIELSON,  
*Chairman, Judiciary Subcommittee on Administrative Law and Governmental  
Relations, 207 Cannon House Office Building, Washington, D.C.*

DEAR MR. CHAIRMAN: United Television Broadcasting Systems Inc. Channel 22 in Los Angeles supports HR Bill 5150 which would authorize reimbursement of medical aid to the U.S. survivors of the atomic bombings of Hiroshima and Nagasaki, Japan.

We resolve that this legislation should be passed due to its importance to the Japanese community. Since, it would provide assistance to survivors who are now living in the United States—either U.S. citizens who were forced to stay in Japan during the war, or persons who are legal immigrants or naturalized citizens in this country.

Due to this tragedy, these people should receive some type of assistance from the U.S. government for related illness or injury since they are citizens of this country, the United States of America.

It is our hope that you will positively consider this resolution in regard to the survivors of the Hiroshima and Nagasaki bombings.

Yours truly,

EIJI KATAYAMA,  
General Manager.

STATEMENT OF THE JAPANESE CHAMBER OF COMMERCE OF SOUTHERN CALIFORNIA  
IN SUPPORT OF H.R. 5150

The Japanese Chamber of Commerce was organized over twenty five years ago, and today represents a broad spectrum of the Japanese American community. It's 500 plus membership spans three generations with memberships extending from Ventura county south thru San Diego.

Since its inception, the Japanese Chamber of Commerce has been unique in that it has, in addition to the traditional role of the chamber of commerce, has been involved in direct social services within the Japanese American community. We have, from our own resources, staff persons involved in direct social services.

Because of this background, we are firmly committed to support of the medical needs of the American citizens and permanent residents here who are survivors of the atomic bombings of Hiroshima and Nagasaki. We commend the intent of H.R. 5150 because it deals with the medical needs of those survivors who are not covered by third party payors, Medi-Cal, or medicare.

Though few in number, their need as a special group has our full support.

The United States Government has since World War II, supported the needs of Japanese nationals in Hiroshima and Nagasaki who survived the atomic bombs. The cost to the United States Government, to us as taxpayers, has been approximately \$90,000,000.00 to date. For the survivors here, H.R. 5150 represents the first hope for recognition of the special needs of American citizens and permanent residents here.

The Japanese Chamber of Commerce of Southern California urges this sub-committee hearing to consider the moral and humanitarian aspects of this special situation in addition to the medical needs of the survivors.

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RESOLUTION

Whereas, there are approximately 1,000 persons of Japanese ancestry residing in the United States who are victims of the 1945 Hiroshima-Nagasaki bombings, and

Whereas, the majority of these survivors are American citizens and reside in California, 80 percent of them women and also including Nisei who were stranded in Japan during World War II, and

Whereas, many of the atomic bomb survivors in the United States are members of the Nanka Hiroshima Kenjinkai, and

Whereas, a representative has been appointed by Nanka Hiroshima Kenjinkai to work with the Committee of Atomic Bomb Survivors, therefore be it

*Resolved*, That the Nanka Hiroshima Kenjinkai supports the efforts of the Committee of Atomic Bomb Survivors in seeking legislation aimed at providing funds for research and medical services.

TATSUO YAMANE,  
*President, Nanka Hiroshima Kenjinkai.*

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CALIFORNIA STATE UNIVERSITY,  
*Long Beach, Calif.*

The Asian American Students' Association of California State University, Long Beach supports the atomic bomb survivors of the U.S.A. in their efforts to obtain reparations and aid from their government. We recognize the fact that the American government has an obligation to its own citizens, Japanese American or otherwise, and a responsibility for its own actions, such as the bombing of Hiroshima and Nagasaki. The atomic bomb survivors should feel free to call upon us for publicity, participation, or any other assistance that we can offer.

Signed J.K. YAMAMOTO,  
*Asian American Student's Association.*

JAPANESE COMMUNITY PIONEER CENTER,  
Los Angeles, Calif., March 24, 1978.

HON. GEORGE E. DANIELSON,  
Chairman, Judiciary Subcommittee on Administrative Law and Government  
Relations, 207 Cannon House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: Japanese Community Pioneer Center, Inc. of Los Angeles is a non-profit senior citizens social service organization. It was incorporated in 1969 and currently it has a little over 1,500 dues-paying members.

At the organization's regular monthly Board of Directors meeting held on March 24, 1978, we have adopted unanimously the resolution to support the proposed legislation, H.R. 5150 and H.R. 8440 which would authorize the U.S. federal government to reimburse medical expenses for U.S. survivors of the atomic bombings of Hiroshima and Nagasaki, Japan.

We would appreciate your continued assistance and leadership toward the successful passage of the above-mentioned Congressional bills.

Most sincerely,

FRANK E. KAGIWADA, *President.*

# NANKA KENJINKAI KYOGIKAI

## RESOLUTION

Whereas, there are approximately 1000 persons of Japanese ancestry residing in the United States who are survivors of the 1945 Hiroshima-Nagasaki bombings, and

Whereas, the majority of these survivors are American citizens and reside in California. 80 percent of them women and also including Niseis who were stranded in Japan during World War II, and

Whereas, many of the atomic survivors in the State of California are members of our various Japanese Perfectional Clubs, and

Whereas, a chairperson has been appointed by the Council of the Japanese Perfectional Clubs of Southern California Board of Directors Meeting held in Los Angeles, to work with the Committee of Atomic Bomb Survivors, therefore be it

*Resolved*, That the Council of the Japanese Perfectional Clubs of Southern California Board of Directors Meeting held in Los Angeles, supports the efforts of the Committee of Atomic Bomb Survivors in seeking legislation aimed at providing funds for research and medical cares for victims of radiation.

Passed unanimously at the Board of Directors Meeting in Los Angeles, August 1976.

THE MANZANAR COMMITTEE,  
Los Angeles, Calif., March 21, 1978.

HON. GEORGE DANIELSON,  
House of Representatives,  
Washington, D.C.

DEAR SIR: Our organization wishes to express support for the Atomic Bomb Survivors Bill (HR 5150) which has been introduced by Representatives Mineta and Roybal.

The Manzanar Committee has, for the past eight years, conducted a program of education regarding the evacuation and internment of Japanese Americans during World War II. We are naturally concerned that Americans who were trapped in Japan during the war and who were exposed to the effects of the two nuclear bombings still are unable to receive the specialized medical care that has been available to Japanese nationals. Legislation to remedy this neglect of our own citizens is long overdue. It is our hope that this bill will receive favorable committee action, and will be passed and signed into law. It should go a long way toward caring for the needs of Americans who's fate it was to become survivors of nuclear warfare.

Sincerely,

SUE K. EMBREY, *Chairperson.*

NATIONAL ASSOCIATION FOR THE ADVANCEMENT  
OF COLORED PEOPLE,  
Pacoima, Calif., March 28, 1978.

Hon. GEORGE E. DANIELSON,  
*Chairman, Judiciary Subcommittee on Administrative Relations, 207 Cannon  
House Office Building, Washington, D.C.*

DEAR CHAIRMAN: As President of the San Freuando Valley Branch of the NAACP, I wish to support the passage of HR 5150 and HR 8440 in its attempt to help the survivors in the U.S. of the atomic bombings of Hiroshima and Nagasaki, Japan.

It is our belief that with prerequisites qualifying only a few for treatment and the limitations to only our own citizens and lawful permanent residents, we should extend to these human beings a generosity that every fair minded American would support.

Speaking for my membership, I urge the Committee to support and the Congress to pass this legislation.

Sincerely yours,

EDWARD L. KUSSMAN, *President.*

CHURCH FEDERATION OF SOUTHERN CALIFORNIA,  
JAPANESE AMERICAN,  
Los Angeles, Calif., March 26, 1978.

Hon. GEORGE E. DANIELSON,  
*Chairman, Judiciary Subcommittee on Administrative Law and Governmental  
Relations, 207 Cannon House office Bldg., Washington, D.C.  
207 Cannon House Office Bldg., Washington, D.C.*

DEAR MR. DANIELSON: We, as the Church Federation of Southern California (Japanese American), do hereby solemnly resolve in the spirit of Christian humanitarian brotherly love and cooperate with all Japanese American Christian Churches of Southern California.

We will give total support on the bill, HR 5150 and HR 8440 which authorize the medical care and reimbursement for care of American survivors of Hiroshima and Nagasaki Atomic Bomb blast during World War II.

Very truly yours,

KENICHI DOJO,  
*Chairman of the Social Concern.*

LIST OF MEMBER CHURCHES

1. Bethany Congregational.
2. Centenary United Methodist Church.
3. Christ Presbyterian Church.
4. Christ United Methodist Church.
5. First Presbyterian Church of Altadena.
6. Gardena Valley Baptist Church.
7. Glendale Free Methodist Church.
8. Grace Presbyterian Church.
9. Hollywood Independent Church.
10. Japanese Community Church of Covina.
11. L.A. Free Methodist Church.
12. L.A. Japanese Baptist Church.
13. Montebello Plymouth Congregational Church.
14. Ocean View United Church of Christ.
15. Orange County Nozomi Church.
16. Sage United Methodist Church.
17. St. Mary's Episcopal Church.
18. San Diego Holiness Church.
19. San Fernando Valley Holiness Church.
20. San Gabriel Valley Holiness Church.
21. Union Church of L.A.
22. Venice-Santa Monica Free Methodist Church.
23. West Adams Christian Church.
24. West L.A. Holiness Church.
25. West L.A. United Methodist Church.
26. Whittier Community Christian Church.
27. Wintersburg Presbyterian Church.

DEAR CONGRESSMAN DANIELSON : Thank you for your attention to the matter of bill H.R. 5150.

I fully support this bill which will reimburse and allow medical expenses for the American Atomic Bomb Survivors who were in the holocaust of 1945.

I urge you to support the bill in Congress.

Good wishes,

CLAIR DATO.

DEAR CONGRESSMAN DANIELSON : The Japanese Welfare Rights Organization in Little Tokyo is in full support of bill H.R. 5150 which would allow medical aid to American Survivors of the Atomic Bomb Holocaust of 1945.

These medical benefits are long overdue and we appreciate your efforts and support in this matter.

Sincerely,

CLAIR DATO, *Coordinator of JWRO.*

SERVICE FOR ASIAN AMERICAN YOUTH,  
*Los Angeles, Calif.*

*To Whom It May Concern:*

The staff and participants of Service for Asian Amer. Youth strongly support State Senator Roybal's bill, H.R. 5150. This bill will assist those people in the U.S. who are affected by the Atomic Bomb blasts in Japan during WW II.

Their only crime was being in the wrong place at the wrong time. As a result they are the surviving victims of this tragic event.

We urge that you understand their plight and support their efforts.

Sincerely Yours,

WARREN T. FURUTANI, *Counselor.*

JAPANESE SPEAKING SOCIETY OF AMERICA,  
*San Francisco, Calif., March 28, 1978.*

*To: Honorable Committee on Judiciary, and Judiciary Subcommittee on Administration, Law and Governmental Relation*

Board of Directors of the Japanese Speaking Society of America passed their Resolution to endorse the efforts of the Committee of Atomic Bomb Survivors in the United States of America in 1974. The Resolution is still outstanding, and the Society has been supporting the efforts of the Committee of Atomic Bomb Survivors since then.

I understand the public hearing on H.R. 5150 and H.R. 8440 will be held in Los Angeles on March 31, 1978.

I hereby respectfully request your humane understanding.

Very truly yours,

FRANK A. KASAMA, *President.*

CLEATE, LOCAL 22, IFPTE—AFL—CIO,  
*San Francisco, Calif., March 29, 1978.*

HON. GEORGE E. DANIELSON,  
*Chairman, Congressional Judiciary Subcommittee, House of Representatives, Washington, D.C.*

DEAR MR. DANIELSON : The membership of Local 22 International Federation of Professional and Technical Engineers, AFL/CIO fully support the objectives of H.R. 5150 and urge your committees' support for this Bill.

Providing, at this late date, medical services and treatment for United States citizens who through the vagaries of war and no fault of their own suffered physical harm, is justified. Especially so for our Nation whose standards for humanitarianism demands no less.

Respectfully yours,

GEORGE T. DORCEY, Jr., *Past President.*

## SAN FRANCISCO HIROSHIMA NIKKEIJIN KAI.

*San Francisco, Calif., March 24, 1978.**Committee of Atomic Bomb Survivors in the United States of America, Alameda, Calif.*

GENTLEMEN: San Francisco Hiroshima Nikkeijin Kai is proud and happy to support 100 percent towards your work in helping the Atomic Bomb Survivors. Enclosed is our check for \$50.00. Please feel free to use it anyway that will help the survivors.

Very truly yours:

MASARU NAKO, *President.*

Enclosure.

## RESOLUTION

Whereas, there are approximately 1000 persons of Japanese ancestry residing in the United States who survivors of the 1945 Hiroshima-Nagasaki bombings, and

Whereas, the majority of these survivors are American citizens and reside in the United States, 80 percent of them women and also who were stranded in Japan during World War II, and

Whereas, many of the atomic bomb survivors in the United States are members of the San Francisco Hiroshima Nikkeijin Kai and

Whereas, a national chairperson has been appointed by the San Francisco Hiroshima Nikkeijin Kai to work with the Committee of Atomic Bomb Survivors, therefore be it

*Resolved*, That the San Francisco Hiroshima Nikkeijin Kai Board of Directors meeting held in San Francisco, California, endorse the efforts of the Committee of Atomic Bomb Survivors is seeking legislation aimed at providing funds for research and medical services, and further be it

*Resolved* That the San Francisco Hiroshima Nikkeijin Kai encourage its membership to petition their Congressional representatives to support the efforts of this Committee.

Passed unanimously at the National Board Meeting, San Francisco September 12, 1976.

MASARU NAKAO, *President.*

## JAPANESE AMERICAN RELIGIOUS FEDERATION OF SAN FRANCISCO,

*San Francisco, Calif., March 24, 1978.*

*To Whom It May Concern:*

The Japanese American Religious Federation of San Francisco holds memorial services each year for those who have lost their lives as a result of the Hiroshima and Nagasaki atomic bombings.

The Committee of Atomic Bomb Survivors, representing the approximately one thousand atomic bomb victims of Japanese ancestry now residing in the United States, is seeking legislation to provide funds for research and medical services for victims of radiation.

The Japanese American Religious Federation supports the said efforts of the Committee of Atomic Bomb Survivors and urges our representatives in Congress to support the efforts of the Committee and help bring forth this legislation.

Sincerely yours,

ARCHBISHOP NITTEN ISHIDA, *President.*

## JAPANESE CHAMBER OF COMMERCE OF NORTHERN CALIFORNIA,

*San Francisco, Calif., March 31, 1975.*

Mr. KANJI KURAMOTO,

*Committee of A-Bomb Survivors, Alameda, Calif.*

DEAR MR. KURAMOTO: This is to inform you that on January 29, 1975, at a duly convened meeting of the Board of Directors of the Japanese Chamber of Commerce of Northern California, a motion was made, seconded and unanimously passed to support your committee's campaign to obtain medical and other aid for



nuclear bomb victims and and other nuclear radiation victims from the State of California and the United States Government through legislation and other means.

We commend you for your diligence in pursuing this humane endeavor.

Sincerely,

YUKIO KUMAMOTO,  
*Executive Secretary,*

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THE JAPANESE AMERICAN ASSOCIATION OF SAN FRANCISCO

RESOLUTION

Whereas, there are approximately 1000 persons of Japanese ancestry residing in the United States who are victims of the 1945 Hiroshima-Nagasaki bombings, and

Whereas, the majority of these survivors are American citizens and reside in California, 80 percent of them women and also including Nisei who were stranded in Japan during World War II, and

Whereas, some of the atomic bomb survivors in the United States are members of The Japanese American Association of San Francisco, and

Whereas, a national chairperson has been appointed by The Japanese American Association of San Francisco to work with the Committee of Atomic Bomb Survivors, therefore be it

*Resolved*, That the Japanese American Association of San Francisco, at its monthly board meeting held March 16, 1978 supports the efforts of the Committee of Atomic Bomb Survivors in seeking legislation aimed at providing funds for research and medical services for victims of radiation, and further be it

*Resolved*, That the Japanese American Association of San Francisco encourage its membership to petition their Congressional representatives to support the efforts of this Committee.

Passed unanimously at the Board Meeting, March 16, 1978.

YUKIO SEKINO, *President.*



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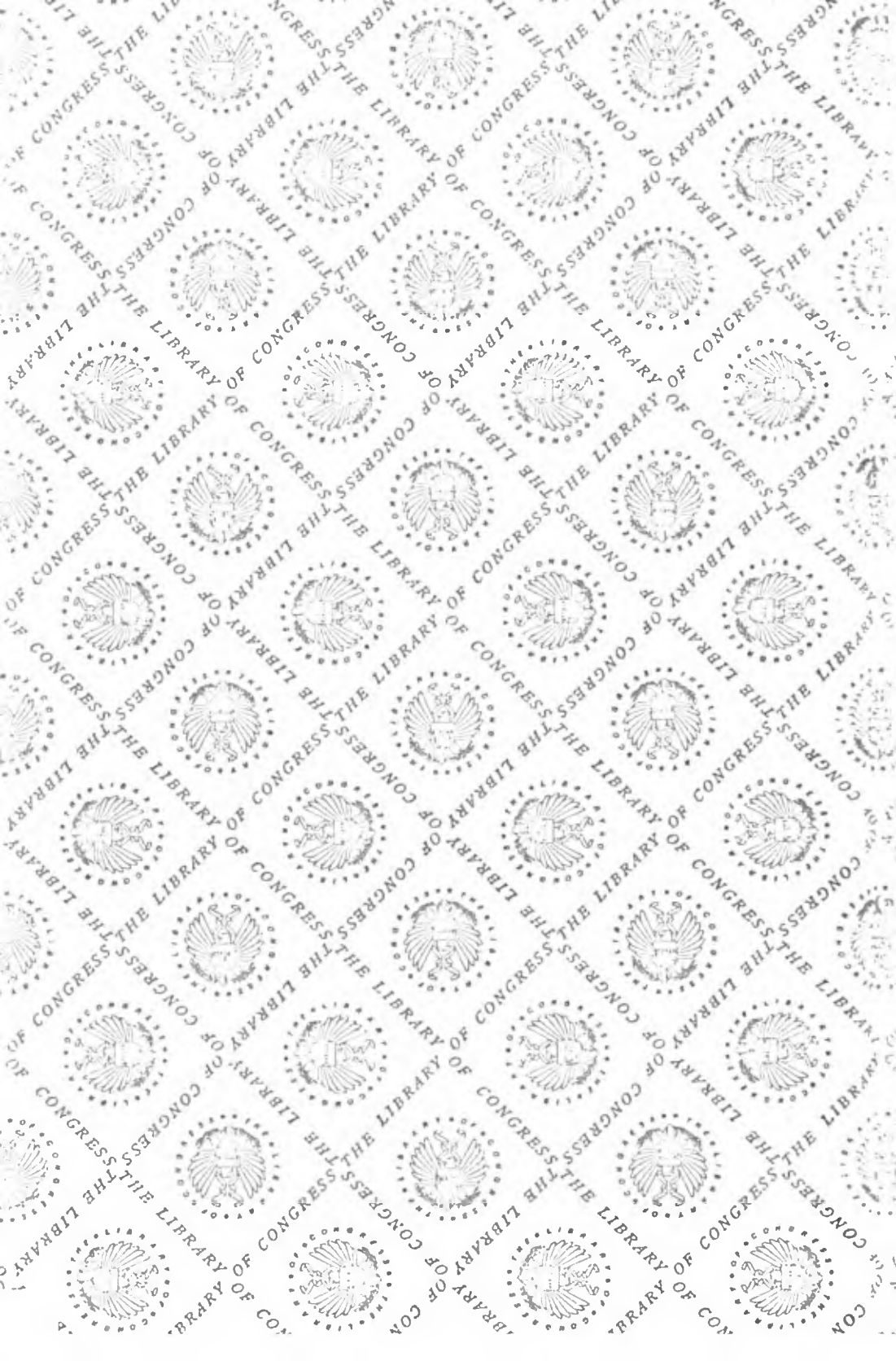
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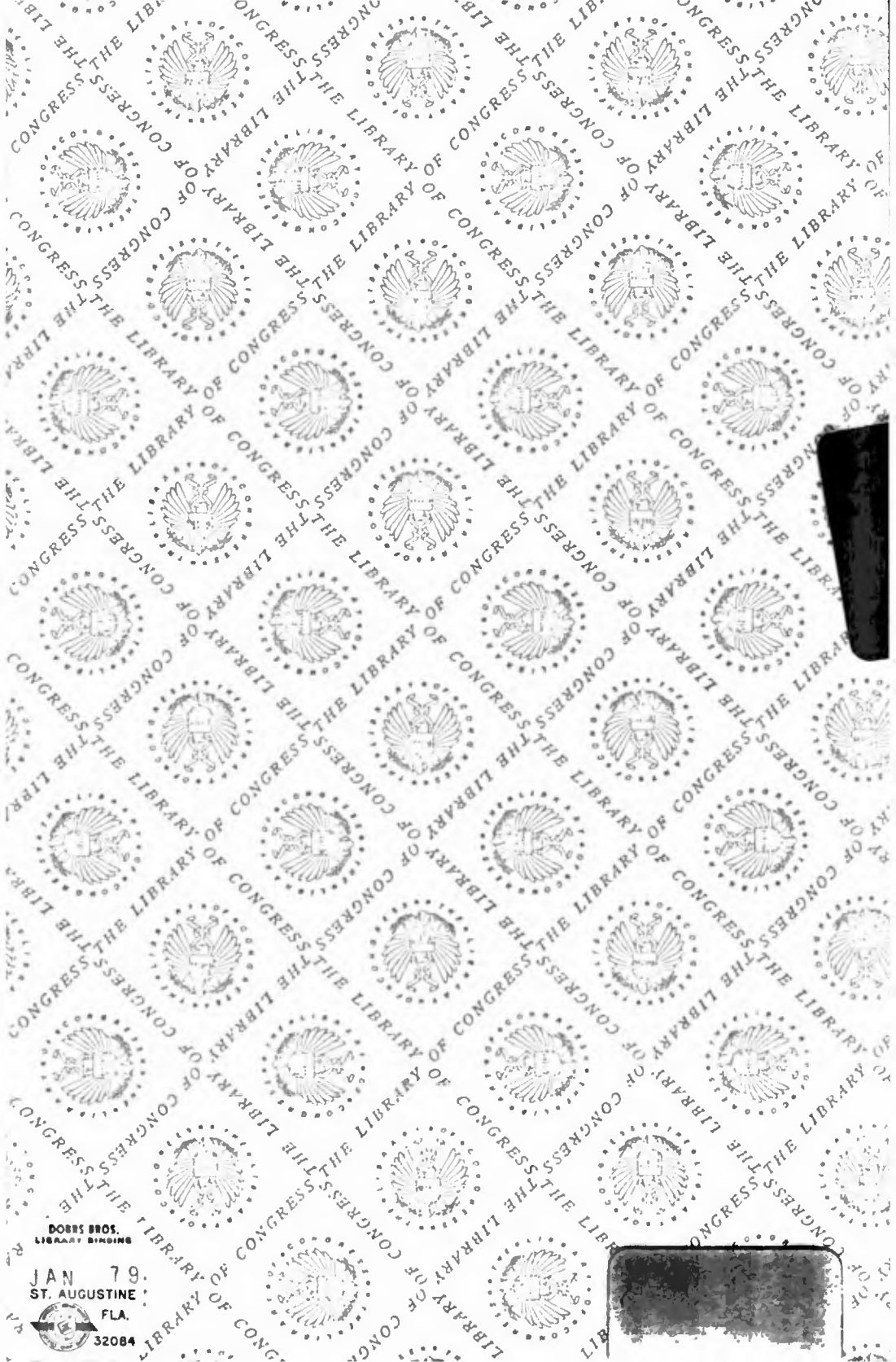
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